|  |  |
| --- | --- |
| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Vocational Adjustment Training (VAT):****Job Search Training 3+****26+33**  |
| **General Instructions**  |
| * The vocational adjustment trainer follows the instructions below when completing this form.
* Complete the form electronically (on the computer) and answer all questions.
* Write summaries in paragraph form in clear, descriptive English. Leave no blanks. Enter N/A if not applicable.
* Print the form, obtain signatures, and submit.
* Make certain that all standards are met before submitting this form with an invoice for payment.
 |
| **Customer Information**  |
| **Customer’s name:**       | **VRS case ID:**       |
| **Service authorization (SA) number:**       |
| **Training Facts**  |
| **Training facilitated**: (Check all that apply)  [ ]  In a group setting (maximum of six customers for each trainer) [ ]  In an individual setting (one trainer to one customer)[ ]  A combination of group and individual settings [ ]  In-person training (with the staff and customer(s) at the same physical location)[ ]  Remote training (using a computer-based training platform that allows for face-to-face and/or real time interaction)[ ]  A combination of in person and remote training |
| **If training is facilitated in a group setting, record the instructors and record the VRS case IDs of all customers who participated in the group training session(s).** **Note:** * The provider must ensure a VR3472, Contracted Service Modification Request for Work Readiness has been approved by the VR director prior to the class, for every customer in a group when the ratio is greater than 1 trainer to 6 customers.
* Sign-in sheet for each class must identify the instructor(s) and may be requested to verify class ratio.
 |
| **Instructors:** |
|  1.       |  2.       |  3.       |
| **Customers:**  |
|  1.       |  2.       |  3.       |
|  4.       |  5.       |  6.       |
|  7.       |  8.       |  9.       |
| 10.       | 11.       | 12.       |
| **Training instructional approaches used in the delivery of the curriculum to meet the customer’s learning styles and preferences** (Mark all that apply.): |
| [ ]  Discussions | [ ]  PowerPoint presentations | [ ]  Inquiry-based instructions |
| [ ]  Hands-on experiments | [ ]  Project and problem-based learning | [ ]  Computer-aided instructions |
| [ ]  Others: Describe:       |
| **Attendance**  |
| Instructions:  * For each week of the training, enter the date (mm/dd/yy) of Monday through Sunday in the date column.
* For each day of the week, record the number of hour(s) the customer participated in the training.
* If customer is absent from the training, record an “A” for the day missed.
* Notify the counselor immediately when the customer is absent.
* Total the number of hours that the customer attended the training.
 |
| **Week** | **Date** (Mon-Sun) | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| 1 |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |
| **Total number of hours customer participated in the training**:       |
| **Customer’s Responses to Curriculum**  |
| **Instructions:** * Record the date(s) each task listed within the module was completed.
* After the module is complete, use the scale below to rate the customer’s competency related to the skills and knowledge areas list below.
 |
| **Key or Level**  | **Description of Competency Level** |
| Marginal | * Limited or no understanding or knowledge
* Requires supervision the majority of the time
 |
| Basic | * Basic understanding or knowledge
* Requires some guidance or supervision
 |
| Proficient | * Detailed understanding or knowledge
* Capable of assisting others in the application of skills and tasks
* Requires minimum guidance or supervision and works independently
 |
| N/A | * Not addressed, reason must be documented in Additional Comment Section
 |
| **Entering the World of Work required module elements** Refer to the curriculum if you need additional information about activities.   | **Date Completed** | **Marginal** | **Basic** | **Proficient** | **N/A** |
| **Exploring Careers**Rate the customer’s knowledge and skills related understanding how to explore industries and occupations using O’Net, careeronestop,   Texas Careers, Occupational Outlook Handbook or other similar tool(s).   |
| Descriptions or video of the occupation |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Job duties and responsibilities   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Work environments   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Knowledge, skills and abilities related to the occupation   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Education and training requirements  |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Pay   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Projection for occupational growth   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Similar occupations   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **VR1850, Employment Data Sheet or equivalent**Rate the customer’s knowledge and skills related to collecting each type of data required for a complete anc accurate employment data sheet   |
| Demographics   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Arrest and conviction history, if any   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Paid work history   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Volunteer history   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| References   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Career objective   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Training history   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Occupational license or certification   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| High school and GED information   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| College education history   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Résumés**Rate the customer’s knowledge and skills related to:   |
| identifying different types and purpose of résumés (i.e. chronological, functional, combination, or targeted)   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| collecting résumé contents such as education, work experience, credentials, and achievements that are used to apply for jobs   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| creating own résumé as necessary for employment goal of customer   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| tailoring and updating own resume for specific jobs   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Job Applications**Rate the customer’s knowledge and skills related to:    |
| understanding the job application process for paper, website and kiosk applications   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| identifying appropriate responses to questions on job applications    |       | [ ]  | [ ]  | [ ]  | [ ]  |
| writing clear descriptive responses to questions that are spelling and grammatical error free   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| identification of strategies to address employment barriers demonstrated by the customer   |       | [ ]  | [ ]  | [ ]  | [ ]  |
|  completion of job application(s)  Type(s) Completed:  [ ]  Paper [ ]  Website [ ]  Kiosk |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **References and Written Correspondence** Rate the customer’s knowledge and skills related to:    |
| identifying and using professional and personal employment references   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| understanding when and how to request a person be a professional and/or personal employment reference   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| understanding when and how to provide professional and personal employment references to potential employers   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| understanding how reference will be used for background verifications    |       | [ ]  | [ ]  | [ ]  | [ ]  |
| identifying and using effective written correspondence when job searching   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| creating cover letters for applications and résumés   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| creating thank you letters related to employer correspondence or meetings and interviews   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| using and creating email correspondence   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| using and creating written correspondence sent via the U.S. Postal Service   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Interviews**Rate the customer’s knowledge and skills related to:    |
| understanding the interview process   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| understanding the different types of interviews including screening, telephone, panel and/or group, behaviorally based, case, situational and technical   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| creating a 30–60 second “elevator” speech that summarizes why he or she is a good candidate for the job  |       | [ ]  | [ ]  | [ ]  | [ ]  |
| delivering his or her “elevator” speech   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| demonstrating how to research businesses and positions prior to an interview   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| identifying questions to ask the business when interviewing   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| identifying typical interview questions asked by the business for the industry of the customer’s employment goal(s)   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| effectively answering typical interview questions asked by the business for the industry of the customer’s employment goal(s)   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| understanding and responding to questions related to protected classes and disclosure   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| requesting assistance, including disability etiquette   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| responding to complicated questions to that address the customer’s employment barriers   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| personal presentation for interviews such as grooming, dress, manners, etc.   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| completing a mock interview 1   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| completing a mock interview 2    |       | [ ]  | [ ]  | [ ]  | [ ]  |
| completing a mock interview 3 (optional)   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| completing a mock interview 4 (optional)   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| completing a mock interview 5 (optional)   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Pre-Employment Testing**Rate the customer’s knowledge and skills related to:    |
| understanding purpose of aptitude, skills and literacy testing and how the testing is conducted   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| understanding purpose of personality testing and how the testing is conducted   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| understanding purpose of physical ability testing that measures an applicant’s ability to perform task and physical function of the job   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| understanding purpose of drug testing and how the testing is conducted   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Job Search**Rate the customer’s knowledge and skills related to:    |
| researching business unmet needs related to employment goal   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| using Job Websites and Employer Job Boards for searching for jobs related to employment goal   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| networking with individual who may know about an unposted employment opportunity   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| registering and using WorkinTexas.org to search for jobs  |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Preparing for the First Day of Work**Rate the customer’s knowledge and skills related to:   |
| identifing accommodation needs that improve performance in the work setting   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| requesting accommodations   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| securing transportation to work site   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| understanding appropriate personal appearance necessary for the position (dress, hygiene, and manners)   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| securing all documents necessary to "on board" the first day on the job   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| securing and demonstrating use of necessary items such as uniform and alarm clock   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| understanding how to communicate individual needs to an employer   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| understanding the expected behavior when working at the job site   |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Extension activities**: (One is required; describe below.)   |
| 1.       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 3.       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Journaling activity**: Topic Provided? [ ]  Yes [ ]  No |
| **Customer’s Overall Performance**  |
| **Instructions:** Use the scale to rate the customer’s overall performance.    |
|  Ability to learn   | [ ]  Excellent | [ ]  Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
|  Accuracy of work   | [ ]  Excellent | [ ]  Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
|  Accepts assistance   | [ ]  Excellent | [ ]  Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
|  [Adaptability](https://www.southeastern.edu/admin/hr/ee_and_mngr_info/manager_information/ppr_comments.html#adapt)   | [ ]  Excellent | [ ]  Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
|  Appearance and hygiene   | [ ]  Excellent | [ ]  Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
|  Attendance   | [ ]  Excellent | [ ]  Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
|  Communication    | [ ]  Excellent | [ ]  Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
|  Cooperativeness   | [ ]  Excellent | [ ]  Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
|  Initiative   | [ ]  Excellent | [ ]  Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
|  Motivation   | [ ]  Excellent | [ ]  Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
|  Safety practices   | [ ]  Excellent | [ ]  Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
|  Timeliness   | [ ] Excellent | [ ] Very Good | [ ] Good | [ ] Marginal | [ ] Poor |
| **Overall Training Summary** |
| **Describe the instructions and resources the customer received throughout the entire training.**       |
| **Describe the customer’s ability and willingness to perform skills and tasks including all problematic issues or concerns that emerge.**      |
| **Describe all accommodations, compensatory techniques, and special training needs required by the customer including why task had to be completed for the customer.**  |
| **Recommendations related to future training that can enhance or improve the customer skills.**      |
| **Additional Comments** |
| **Additional comments, if any:**      |
| **Customer Signatures** |
| **Verification of the customer’s satisfaction and service delivery obtained by:** **[ ]  Handwritten signature [ ]  Digital signature (See VR-SFP 3 on Signatures)****[ ]  By sending a copy of the document returned with a scanned signature** **[ ]  Unable to obtain signature, describe attempts:** **[ ]  Email verification, per VR-SFP 3 (must be attached)** |
| **By signing below, I, the customer, agree with the information recorded within the report above.** **If you are not satisfied, do not sign. Contact your VR counselor.**  |

|  |  |
| --- | --- |
| **Customer’s signature:****X** | **Date Signed:**      |
| **Provider Signatures**  |
| **Type of Provider:** [ ]  Traditional-bilateral contractor [ ]  Transition Educator [ ]  Non-traditional  |
| **Premiums to be invoiced**: [ ]  None [ ]  Autism [ ]  Blind and Visually Impaired [ ]  Brain Injury [ ]  Deaf [ ]  other, specify:       |
| **Vocational Adjustment Trainer**   |
| **By signing below, I certify that:** * the above dates, times, and services are accurate;
* I personally facilitated all training, meeting all outcomes required for payment and documented the service, as prescribed in the VR-SFP and service authorization;
* Verification of the customer’s satisfaction and service delivery obtained as stated above;
* I maintain the staff qualifications required for a Vocational Adjustment Trainer as described in the VR‑SFP or Service Authorization; and
* I signed my signature and entered the date below.
 |
| **Typed or printed name of instructor 1**:      | **Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |
| **Select all that apply:**[ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached[ ]  Transition Educator [ ]  Non-traditional[ ]  RID/BEI/SLIPI with Number:       or [ ]  proof attached |
| **Typed or printed name of instructor 2**:      | **Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |
| **Select all that apply:**[ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached[ ]  Transition Educator [ ]  Non-traditional [ ]  RID/BEI/SLIPI with Number:       or [ ]  proof attached |
| **Typed or printed name of instructor 3**:      | **Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |
| **Select all that apply:**[ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached[ ]  Transition Educator [ ]  Non-traditional[ ]  RID/BEI/SLIPI with Number:       or [ ]  proof attached |
| **Director** (only required for Traditional-Bilateral Contractors)   |
| **By signing below, I, the Director, certify that:** * I ensure that the services were provided by qualified staff, met all outcomes required for payment, and services were documented, as prescribed in the VR-SFP and service authorization;
* I maintain UNTWISE Director credential, as prescribed in VR-SFP;
* I signed my signature and entered the date below.
 |
| **Director Typed or Printed name**:      | **Director Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |
| **Select all that apply:** [ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached |
| **VRS Use Only**  |
| If any question below is answered no or if the report or supporting documentation is missing or incomplete, return the invoice to the provider with the VR3460. Make a case note to document the results of the review and the date VR3460 was sent to provider, when applicable.     |
| **Technical Review to Verify Provider Qualifications**(Completed by any VR staff such as RA, CSC, VR Counselor)   |
| **When Vocational Adjustment Trainer is a Transition Educator or Non-Traditional provider, skip this section.** |
| **Director’s Credential:**   |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:  [ ]  maintained or waived the UNTWISE Director Credential [ ]  did **not** hold a valid UNTWISE Director Credential |
| **Vocational Adjustment Trainer’s Credential:** |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the **Vocational Adjustment Trainer** listed above:  [ ]  maintained or waived the required UNTWISE Credential**[ ]** did **not** holda valid UNTWISE Credential |
| **UNTWISE Endorsements:**  |
| UNTWISE website verifies, for the dates of service, the Vocational Adjustment Trainer listed above maintained the following endorsement:  [ ]  None [ ]  Autism [ ]  Blind and Visually Impaired [ ]  Brain Injury [ ]  other, specify:       |
| **Qualifications Related to Deaf Premium:**  |
| Attached documentation verifies, for the dates of service, the Vocational Adjustment Trainer listed above maintained one of the following:  [ ]  not applicable/no attachment [ ]  BEI [ ]  RID [ ]  SLIPI |
| **Verification of Service Delivery**  |
| **Technical Review** (completed by any VR staff such as RA, CSC, VR Counselor)   |
| Verified that the report is accurately completed per form instructions | [ ]  Yes [ ]  No |
| Verified that the service(s) was provided within service date of SA and as stated in the VR Standards for Providers and/or the SA | [ ]  Yes [ ]  No |
| When applicable, verify a copy of an approved VR3472 is attached to the report. | [ ]  NA  | [ ]  Yes [ ]  No |
| Verified the training was provided in the environment(s) (in person, remotely or combination) indicated on the referral form.  | [ ]  Yes [ ]  No |
| Verified the customer received the minimum required 20 hours of training and the trainer‑to‑customer ratio was adhered to as described in the VR-SFP.   | [ ]  Yes [ ]  No |
| Verified that the training provided to the customer contained the **8** required module topics | [ ]  Yes [ ]  No |
| Verified that the training provided to the customer contained the **1** required extension activities | [ ]  Yes [ ]  No |
| Verified that the journaling activities were offered during the training | [ ]  Yes [ ]  No |
| Verified the customer’s satisfaction with the training through signature on the form and/or by VR staff member contact with customer | [ ]  Yes [ ]  No |
| Verified that the appropriate fee(s) was invoiced | [ ]  Yes [ ]  No |
| **Print staff member(s) names who completed technical review and/or verified the UNTWISE Credentials:** |
| 1.        | Date:       | 2.        | Date:       |
| **VR Counselor Review**  |
| Verified the customer received necessary accommodations, supplies and resources; various instructional approaches were used; and the customer has the ability to use compensatory techniques to increase ability to perform task and skills   | [ ]  Yes [ ]  No |
| Verified that the vocational adjustment trainer used and documented on the form the  various instructional approaches to meet the customer’s learning styles and preferences | [ ]  Yes [ ]  No |
| Verified that the vocational adjustment trainer provided all supplies and resources necessary for the customer  to participate in the training through signature on form or by VR staff member contact with customer | [ ]  Yes [ ]  No |
| **By typing or printing your name, the VRC verifies:** * completion of the technical review,
* services provided met the customer’s individual needs,
* services provided met specifications in the VR-SFP and on the SA, and
* customer’s or legally authorized representative’s satisfaction with services received.

[ ]  **Approve to pay invoice** [ ]  **Do not approve to pay invoice** |
| **VR Counselor**:        | **Date:**       |