

- 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	<ul style="list-style-type: none"> • Limited or no understanding or knowledge • Requires supervision the majority of the time
Basic	<ul style="list-style-type: none"> • Basic understanding or knowledge • Requires some guidance or supervision
Proficient	<ul style="list-style-type: none"> • Detailed understanding or knowledge • Capable of assisting others in the application of skills and tasks • Requires minimum guidance or supervision and works independently

Job Skills Training required Module	Date Completed	Marginal	Basic	Proficient	N/A
Refer to the curriculum if you need additional information about activities.					

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 and 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: <input type="checkbox"/> Paper <input type="checkbox"/> Website <input type="checkbox"/> 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)					
<u>Pre-Employment Testing</u>					
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					
<u>Job Search</u>					
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					
<u>Preparing for the First Day of Work</u>					
Rate the customer's knowledge and skills related to:					
identifying 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.					

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	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, resources, and supplies 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 or Authorized Representative Signatures (See VR-SFP 3 on Signatures)

Verification of the customer's or authorized representative's satisfaction and service delivery obtained by:

- Handwritten signature Digital signature
- By sending a copy of the document returned with a scanned signature
- Unable to obtain signature, Record the date, time and method of each of the 3 attempts:

By signing below, I, the customer or authorized representative, agree with the information recorded within the report above. I agree I am satisfied with the services delivered. If you are not satisfied, do not sign. Contact your VR counselor.

Typed or printed name:	Signature: X	Date Signed:
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Provider Signatures (See VR-SFP 3 on 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 printed by name, signed my signature and entered the date below.

Typed or printed name of instructor 1:	Signature: X	Date Signed:
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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: X	Date Signed:
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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: X	Date Signed:
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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: X	Date Signed:
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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(s)** listed above:
maintained or waived the required UNTWISE Credential
did **not** hold a 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 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:		
<ul style="list-style-type: none"> • 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:	