



Texas Workforce Commission  
 Vocational Rehabilitation Services  
**Vocational Training Specialized Training Plan**

**General Information**

<b>Customer name:</b>	<b>VRS case ID:</b>
<b>Service authorization number(s):</b>	<b>Date training plan created or updated:</b>

**Training Plan**

**Area(s) to be addressed in goals and objectives:**

<input type="checkbox"/> Balancing life and work	<input type="checkbox"/> Decision making	<input type="checkbox"/> Household management
<input type="checkbox"/> Career exploration	<input type="checkbox"/> Disability awareness	<input type="checkbox"/> Independent living
<input type="checkbox"/> Child care management	<input type="checkbox"/> Effective communication	<input type="checkbox"/> Interpersonal communication
<input type="checkbox"/> Community resources	<input type="checkbox"/> Financial management	<input type="checkbox"/> Leadership
<input type="checkbox"/> Conflict resolution	<input type="checkbox"/> Goal setting	<input type="checkbox"/> Stress management
<input type="checkbox"/> Daily living skills	<input type="checkbox"/> Grooming and hygiene	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

<b>Goal 1:</b>			
<b>Objectives:</b>	<b>Date Set:</b>	<b>Projected Achievement Date:</b>	<b>Date Achieved:</b>
<b>A:</b>			
<b>B:</b>			
<b>C:</b>			

**Activities and interventions:**

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**Description of abilities at entrance of training:**

<b>Goal 2:</b>			
<b>Objectives:</b>	<b>Date Set:</b>	<b>Projected Achievement Date:</b>	<b>Date Achieved:</b>
<b>A:</b>			
<b>B:</b>			
<b>C:</b>			
<b>Activities and Interventions:</b>			
<b>Description of abilities at entrance of program:</b>			
<b>Goal 3:</b>			
<b>Objectives:</b>	<b>Date Set:</b>	<b>Projected Achievement Date:</b>	<b>Date Achieved:</b>
<b>A:</b>			
<b>B:</b>			
<b>C:</b>			
<b>Activities and Interventions:</b>			
<b>Description of abilities at entrance of program:</b>			
<b>Goal 4:</b>			
<b>Objectives:</b>	<b>Date Set:</b>	<b>Projected Achievement Date:</b>	<b>Date Achieved:</b>
<b>A:</b>			
<b>B:</b>			
<b>C:</b>			
<b>Activities and Interventions:</b>			
<b>Description of abilities at entrance of program:</b>			

<b>Goal 5:</b>			
<b>Objectives:</b>	<b>Date Set:</b>	<b>Projected Achievement Date:</b>	<b>Date Achieved:</b>
<b>A:</b>			
<b>B:</b>			
<b>C:</b>			
<b>Activities and Interventions:</b>			
<b>Description of abilities at entrance of program:</b>			
<b>Recommendations</b>			
<b>Number of VAT hours requested: Week 1:                  Week 2:                  Week 3:                  Week 4:</b>			
<b>Grand of total of hours for month</b>			
<b>Justification for VAT hours:</b>			
VR3135A or VR3136 completed and attached: <b>Yes</b> <b>No</b>			
<b>Additional Comments</b>			
<b>Additional comments, if any:</b>			
<b>Customer Signatures</b>			
<b>Verification of the customer's satisfaction and service delivery obtained by:</b>			
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.			
<b>Customer's signature:</b>			<b>Date Signed:</b>
<b>X</b>			
<b>Provider Signatures</b>			

<b>Type of Provider:</b> Traditional-bilateral contractor    Transition Educator    Non-traditional		
<b>Premiums to be invoiced:</b> <input type="checkbox"/> None <input type="checkbox"/> Autism <input type="checkbox"/> Blind and Visually Impaired <input type="checkbox"/> Brain Injury <input type="checkbox"/> Deaf <input type="checkbox"/> other, specify:		
<b>Vocational Adjustment Trainer Signature (Required for all providers)</b>		
<b>By signing below, I certify that:</b>		
<ul style="list-style-type: none"> <li>• the above dates, times, and services are accurate;</li> <li>• I personally facilitated all training, meeting all outcomes required for payment and documented the service, as prescribed in the VR-SFP and service authorization;</li> <li>• Verification of the customer's satisfaction and service delivery obtained as stated above;</li> <li>• I maintain the staff qualifications required for a Personal Social Adjustment Trainer and/or Work Adjustment Trainer as described in the VR-SFP or Service Authorization; and</li> <li>• I signed my signature and entered the date below.</li> </ul>		
<b>Vocational Adjustment Trainer typed or printed name:</b>	<b>Signature:</b> (See VR-SFP 3 on Signatures) <b>X</b>	<b>Date Signed:</b>
<b>Select all that apply:</b>		
<input type="checkbox"/> UNTWISE Credentialed with ID: <input type="checkbox"/> VR3490-Waiver Proof Attached <input type="checkbox"/> Transition Educator <input type="checkbox"/> Non-traditional <input type="checkbox"/> RID/BEI/SLIPI with Number:                      or <input type="checkbox"/> proof attached		
<b>TWC Vocational Counselor Signature</b>		
<b>By signing below, I, the VR Counselor, agree with the goals and objectives in the above Training Plan.</b>		
<b>VR Counselor typed name:</b>	<b>VR Counselor signature:</b> <b>X</b>	<b>Date:</b>