

• 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 |

Areas addressed during training period:

| | |
|---|--|
| <input type="checkbox"/> balancing life and work <input type="checkbox"/> career exploration <input type="checkbox"/> childcare management <input type="checkbox"/> community resources <input type="checkbox"/> conflict resolution <input type="checkbox"/> daily living skills <input type="checkbox"/> decision making <input type="checkbox"/> disability awareness <input type="checkbox"/> effective communication <input type="checkbox"/> financial management <input type="checkbox"/> goal setting | <input type="checkbox"/> grooming and hygiene <input type="checkbox"/> household management <input type="checkbox"/> independent living <input type="checkbox"/> interpersonal communication <input type="checkbox"/> leadership <input type="checkbox"/> stress management <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: |
|---|--|

| | | | | | |
|--------------------|------------------------------|----------|-------|------------|-----|
| Goal 1: | Goal Achieved: Yes No | | | | |
| Objectives: | Customer's Status: | | | | |
| | No Skill | Marginal | Basic | Proficient | N/A |
| A: | | | | | |
| B: | | | | | |
| C: | | | | | |

Narrative description of the customer's status for the reporting period:

| | | | | | |
|--------------------|------------------------------|----------|-------|------------|-----|
| Goal 2: | Goal Achieved: Yes No | | | | |
| Objectives: | Customer's Status: | | | | |
| | No Skill | Marginal | Basic | Proficient | N/A |
| A: | | | | | |
| B: | | | | | |
| C: | | | | | |

Narrative description of the customer's status for the reporting period:

| | | | | | |
|---|------------------------------|----------|-------|------------|-----|
| Goal 3: | Goal Achieved: Yes No | | | | |
| Objectives: | Customer's Status: | | | | |
| | No Skill | Marginal | Basic | Proficient | N/A |
| A: | | | | | |
| B: | | | | | |
| C: | | | | | |
| Narrative description of the customer's status for the reporting period: | | | | | |

| | | | | | |
|---|------------------------------|----------|-------|------------|-----|
| Goal 4: | Goal Achieved: Yes No | | | | |
| Objectives: | Customer's Status: | | | | |
| | No Skill | Marginal | Basic | Proficient | N/A |
| A: | | | | | |
| B: | | | | | |
| C: | | | | | |
| Narrative description of the customer's status for the reporting period: | | | | | |

| | | | | | |
|---|------------------------------|----------|-------|------------|-----|
| Goal 5: | Goal Achieved: Yes No | | | | |
| Objectives: | Customer's Status: | | | | |
| | No Skill | Marginal | Basic | Proficient | N/A |
| A: | | | | | |
| B: | | | | | |
| C: | | | | | |
| Narrative description of the customer's status for the reporting period: | | | | | |

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: |
|-------------------------------|-------------------------------|---------------------|

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: |
|---|-------------------------------|---------------------|

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: |
|---|------------------------|---------------------|

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: |
|---|------------------------|---------------------|

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: |
|--|---------------------------------|---------------------|

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 hours of service and the trainer-to-customer ratio was adhered to as described in the VR-SFP | Yes | No |
| Verified the customer's attendance and total hours the customer participated in training is recorded | Yes | No |
| Verified the goals and objectives listed on form match goals and objectives on the VR3135B | Yes | No |
| Verify each goal and objective has a status recorded | 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: |
|----------------------|--------------|