



Texas Workforce Commission
 Vocational Rehabilitation Services
**Personal Social Adjustment Training (PSAT) and
 Work Adjustment Training (WAT) Evaluation**

General Information

Customer name:	VRS Case ID:
Associated service authorization number:	
Evaluation Completed for: Personal Social Adjustment Training Work Adjustment Training	

Customer Attendance and Training Facts

- Instructions:**
- Remote service must use a computer-based training platform that allows for face-to-face and/or real time interaction. Voiced telephone and text communication are not acceptable.
 - When the Customer is absent for 3 sessions, notify the VR counselor within 3 business days. Payment will not be made for unexcused absences and minimum hours must be attended.
 - In the columns below, for each day of the training enter the:
 - Date using month, day, year format;
 - Start and End Time of training or "A" if absent;
 - Training length using quarter hour .25 increments (Note: not present=0, .25 = 15 minutes,.50 = 30 minutes, .75 = 45 minutes, and 1.0 = 60 minutes);
 - Training Delivery Method using P= Only in-person, R=Only remotely, B=In person and/or remote as dependent on customer's needs;
 - Training Setting using G=group (maximum 6 customers to 1 trainer) and I=individual.
 - Total the number of hours that the Customer attended the training.
 - Select training instructional approaches used.

<u>Date</u>	<u>Start Time and End Time</u>	<u>Training Length</u>	<u>Training Delivery Method</u>	<u>Training Setting</u>
Example: 00-00-00	9:00 AM to 12:00 PM	3	P	G

- When a group includes more than 18 customers, complete a second form for each customer so that all instructors and customers are recorded.

Trainer:

1. _____ 2. _____

Customers:

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.

Areas to be Evaluated (based on referral)

Personal Social Adjustment Training

- | | |
|--|---|
| <input type="checkbox"/> Acceptable work behaviors | <input type="checkbox"/> Personal appearance and grooming |
| <input type="checkbox"/> Appropriate use of time and schedule management | <input type="checkbox"/> Personal health and hygiene |
| <input type="checkbox"/> Conflict resolution | <input type="checkbox"/> Self-advocacy skills |
| <input type="checkbox"/> Developing or restoring self-confidence | <input type="checkbox"/> Self-evaluation |
| <input type="checkbox"/> Developing socially acceptable behaviors | <input type="checkbox"/> Social relationships |
| <input type="checkbox"/> Disability management | <input type="checkbox"/> Time/schedule management |
| <input type="checkbox"/> Establishing basic etiquette | <input type="checkbox"/> Workplace interaction |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Work Adjustment Training

- | | |
|---|---|
| <input type="checkbox"/> Acceptance of supervision and directions | <input type="checkbox"/> Self-regulation/reliance |
| <input type="checkbox"/> Daily living skills | <input type="checkbox"/> Social skills |
| <input type="checkbox"/> Effective communication | <input type="checkbox"/> Understanding roles and responsibilities in the workplace |
| <input type="checkbox"/> Goal setting | <input type="checkbox"/> Work ethics |
| <input type="checkbox"/> Grooming, hygiene, work attire and/or dress code | <input type="checkbox"/> Work practices and productivity (including safety and speed) |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Work tolerance |
| <input type="checkbox"/> Problem solving | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Evaluation Summary

Rate the customer's 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

Describe the customer's ability and willingness to perform skills and tasks for each area identified in the referral including all problematic issues or concerns that emerge. Address all items identified in the referral.

Describe accommodations, compensatory techniques, and special training needs required by the customer.

Evaluations Results: No training recommended Training recommended

When training is recommended, the VR3137B, Personal Social Adjustment and Work Adjustment Training Plan must be completed and attached.

Additional comments, if any:

Customer Signatures

Verification of the customer or authorized representative'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:

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:
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Provider Signatures

Type of Provider:	<input type="checkbox"/> Traditional-bilateral contractor	<input type="checkbox"/> Transition Educator	<input type="checkbox"/> Non-traditional
Premiums to be invoiced:	<input type="checkbox"/> None	<input type="checkbox"/> Autism	<input type="checkbox"/> Blind and Visually Impaired
	<input type="checkbox"/> Deaf	<input type="checkbox"/> other, specify:	<input type="checkbox"/> Brain Injury

Personal Social Adjustment Trainer or Work 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 Personal Social Adjustment Trainer and/or Work Adjustment Trainer as described in the VR-SFP or Service Authorization; and
- I signed my signature and entered the date below.

Personal Social Adjustment Trainer Typed or Printed name:	Signature: (See VR-SFP 3 on Signatures) X	Date Signed:
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Work Adjustment Trainer Typed or Printed name:	Signature: (See VR-SFP 3 on Signatures) 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: (See VR-SFP 3 on Signatures) 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)

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

UNTWISE Endorsements:

UNTWISE website verifies, for the dates of service, the PSAT or WAT 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 PSAT or WAT 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

Verified the training was provided in the environment(s) (in person, remotely or combination) indicated on the referral form.	Yes	No
When applicable, verify a copy of an approved VR3472 is attached to the report.	NA	No
Verified the trainer-to-customer ratio was adhered to as described in the VR-SFP	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.
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 PSAT or WAT 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 PSAT or WAT 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. <p style="text-align: center;"> Approve to pay invoice Do not approve to pay invoice </p>		
VR Counselor:	Date:	