



Texas Workforce Commission
Vocational Rehabilitation Services
**Personal Social Adjustment and
Work Adjustment Training Plan**

General Information

Customer name:	VRS case ID:
Associated service authorization number:	Date training plan created or updated:
Plan Completed for: Personal Social Adjustment Training Work Adjustment Training	

Training Plan

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

Personal Social Adjustment Training

Training can be provided in the following setting: (must be provided as indicated on referral or SA)
Individual Group (maximum 6 customers to 1 trainer)

Training can be provided using the following delivery method: (must be provided as indicated on referral or SA)
Only in-person Only remotely In person and/or remote as dependent on customer's needs

<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

Note: WAT cannot be provided remotely

<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

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|---|---|
| <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: |

Goal 1:

Objectives:	Date Set:	Projected Achievement Date:	Date Achieved:
A:			
B:			
C:			

Activities and interventions:

Description of abilities at entrance of training:

Goal 2:

Objectives:	Date Set:	Projected Achievement Date:	Date Achieved:
A:			
B:			
C:			

Activities and interventions:

Description of abilities at entrance of program:

Goal 3:

Objectives:	Date Set:	Projected Achievement Date:	Date Achieved:
A:			
B:			

C:			
Activities and interventions:			
Description of abilities at entrance of program:			
Goal 4:			
Objectives:	Date Set:	Projected Achievement Date:	Date Achieved:
A:			
B:			
C:			
Activities and interventions:			
Description of abilities at entrance of program:			
Goal 5:			
Objectives:	Date Set:	Projected Achievement Date:	Date Achieved:
A:			
B:			
C:			
Activities and interventions:			
Description of abilities at entrance of program:			

Personal Social Adjustment Trainer and/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

TWC Vocational Counselor Signature

By signing below, I, the VR Counselor, agree with the goals and objectives in the above Training Plan.

VR Counselor typed name:	VR Counselor signature: X	Date:
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