

General Instructions

The trainer follows the instructions below when completing this form.

- Complete the form electronically (on the computer) and answer all questions.
- Refer to the VRS Counselor approved VR3137B-Training Plan for goals and objectives to include in the report.
- Write summaries in paragraph form in clear, descriptive English. Leave no blanks. Enter N/A if not applicable.
- Print the form, obtain signatures, and submit.
- Make certain that all standards are met before submitting this form with an invoice for payment.

Note: WAT **cannot** be provided remotely. PSAT can be provided remotely if the VR counselor has indicated on the VR3121, Referral for Work Readiness Services.

Customer Information

Customer's name:	VRS case ID:
Service authorization (SA) number:	
Report 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

Performance Summary Reporting Period

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

Customer's Skills Related to Training Plan

Instructions:

- Upon completion of the reporting period, record the areas addressed during training period, customer's goals and objectives and below;
- Use the scale below to rate the customer's competency related to the objectives and goals in the customer's Training Plan; and
- Record a narrative description of the training provided and the customer's abilities and/or challenges related to each goal and objective.

Key or Level	Description of Competency Level
No Skill	<ul style="list-style-type: none"> • Unable to perform skill or demonstrate knowledge without step by step or continual assistance, guidance or supervision
Marginal	<ul style="list-style-type: none"> • Limited understanding or knowledge • Requires structured assistance, guidance or supervision to perform
Basic	<ul style="list-style-type: none"> • Basic understanding or knowledge • Requires occasional redirection, cueing or guidance to perform.
Proficient	<ul style="list-style-type: none"> • Detailed understanding or knowledge • Capable of assisting others in the application of skills and tasks • Requires no guidance or supervision and works independently

Areas addressed during training period for PSAT

<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"/> Establishing basic etiquette	<input type="checkbox"/> Time/schedule management <input type="checkbox"/> Workplace interaction <input type="checkbox"/> Others: <input type="checkbox"/> Others:
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Areas addressed during training period for WAT

<input type="checkbox"/> Acceptance of supervision and directions <input type="checkbox"/> Daily living skills <input type="checkbox"/> Effective communication <input type="checkbox"/> Goal setting <input type="checkbox"/> Grooming, hygiene, work attire and/or dress code <input type="checkbox"/> Problem solving <input type="checkbox"/> Self-regulation/reliance <input type="checkbox"/> Social skills	<input type="checkbox"/> Understanding roles and responsibilities in the workplace <input type="checkbox"/> Work ethics <input type="checkbox"/> Work practices and productivity (including safety and speed) <input type="checkbox"/> Work tolerance <input type="checkbox"/> Others: <input type="checkbox"/> Others: <input type="checkbox"/> Others:
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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:	<div style="text-align: right; font-weight: bold;">Customer's Status:</div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> No Skill Marginal Basic Proficient N/A </div>				
A:					
B:					
C:					
Narrative description of the customer's status for the reporting period:					
Overall Training Summary					
Describe the instructions and resources <u>the customer</u> received throughout the entire training.					
Describe <u>the customer's</u> 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 <u>the customer</u> .					
Recommendations related to future training that can enhance or improve <u>the customer</u> skills.					
Additional Comments					
Additional comments, if any:					
Customer Signatures					
Verification of the customer or authorized representative's satisfaction and service delivery obtained by: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Handwritten signature Digital signature (See VR-SFP 3 on Signatures) </div> <div style="margin-top: 5px;">By sending a copy of the document returned with a scanned signature</div> <div style="margin-top: 5px;">Unable to obtain signature, describe attempts:</div>					
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: <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">X</div>					Date Signed: <div style="height: 40px; border: 1px solid black; margin-top: 10px;"></div>
Provider Signatures					
Type of Provider:	Traditional-bilateral contractor	Transition Educator	Non-traditional		

Premiums to be invoiced: <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:

Personal Social Adjustment Trainer and/or Work Adjustment Trainer
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By signing below, I certify that: <ul style="list-style-type: none"> 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.
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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 Signatures) X	Date Signed:
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Select all that apply: <div> <input type="checkbox"/> UNTWISE Credentialed with ID: <input type="checkbox"/> VR3490-Waiver Proof Attached </div> <div> <input type="checkbox"/> Transition Educator <input type="checkbox"/> Non-traditional </div> <div> <input type="checkbox"/> RID/BEI/SLIPI with Number: or <input type="checkbox"/> proof attached </div>
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Director (only required for Traditional-Bilateral Contractors)

By signing below, I, the Director, certify that: <ul style="list-style-type: none"> 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: <div> UNTWISE Credentialed with ID: VR3490-Waiver Proof Attached </div>

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** 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/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
When applicable, verify a copy of an approved VR3472 is attached to the report.	NA	Yes No
Verified the trainer-to-customer ratio was adhered to as described in the VR-SFP	Yes	No
Verified the training was provided in as indicated on the referral form.	Yes	No
Verified the goals and objectives listed on form match goals and objectives on the VR3137B	Yes	No
Verify each goal and objective has a status is 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:
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VR Counselor Review		
Verify the customer's performance and skills documented in a narrative description for each goal and objectives	Yes	No
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. <p style="text-align: center;"> Approve to pay invoice Do not approve to pay invoice </p>		
VR Counselor:	Date:	