



Texas Workforce Commission  
 Vocational Rehabilitation Services  
**Job Skills Training Progress Report**

**General Instructions**

The Job Skills Trainer follows the instructions below when completing this form.

- Complete the form electronically (on the computer) and answer all questions.
- Print the form, obtain signatures after the services are complete and submit.
- Make certain that all standards are met before submitting this form with an invoice for payment.

**Note:** Before a Job Skill Trainer can provide Job Skills Training for Extended Services to “a youth with disability”, a [VR3472, Contracted Service Modification Request](#) form must be approved by the Director of the VR Division. A new VR3472, must be approved by the Director of the VR Division for every 200 hours of Job Skills Training authorized for the customer.

**Demographic Information**

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

**Customer’s Job Site**

Company name:

Street address (include suite number, if any):

City:	State:	ZIP code:
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Contact person’s name:	Contact person’s title:
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Contact person’s phone number:	Contact person’s email:
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**Job Skill Training Goals**

**Instructions:** In the first column below, select the checkbox if the goal is identified for the customer transferring goals from the referral. If the goal is selected for the customer, individualize the goal by entering a description. If additional goals are identified, add them to the form.

**Goals**

<input type="checkbox"/>	1. Evaluate, make recommendations, establish supports, training needs, accommodations, adaptive equipment, and job aids, as necessary, to remove barriers for successful, safe and efficient job performance by the customer. <b>Areas to be addressed:</b> <b>Barriers to be removed:</b>
<input type="checkbox"/>	2. Assist the customer in learning hard skills necessary to meet the job expectations. <b>Skills to be addressed:</b>
<input type="checkbox"/>	3. Assist the customer in identification and development of social skills necessary to meet performance expectations of position. <b>Social skills to be addressed:</b>

<input type="checkbox"/>	4. Observe and monitor the customer's performance reinforcing skills taught by job skills trainer or employer to ensure correct demonstration of skills and efficient job performance by the customer. <b>Skills to be addressed:</b> <b>Behaviors to be addressed:</b>
<input type="checkbox"/>	5. Identify performance and behavioral issues and implement a plan of action to improve job performance to the employer's satisfaction. <b>Potential performance issue(s):</b>
<input type="checkbox"/>	6. Observe and monitor the customer's performance with use of compensatory techniques (adaptive equipment, job aids, supports, etc.) to manage barriers related to successful, safe, and efficient job performance by the customer. <b>Barriers to be removed:</b> <b>Compensatory techniques to be used:</b>
<input type="checkbox"/>	7. Teach skills necessary to arrange and/or use transportation resources to get to and/or from home to worksite. <b>Skills to be addressed:</b> <b>Transportation resource:</b>
<input type="checkbox"/>	8. The Job Skills Trainer will gradually reduce the time spent with the customer at the job site as the customer becomes better adjusted and more independent. <b>Projected amount of time needed at referral:</b>
<input type="checkbox"/>	9. Additional goal.
<input type="checkbox"/>	10. Additional goal.

### Training Facts

**Training provided in the following setting:**

- Individual
- Group (maximum 6 customers to 1 trainer)

**Training provided using the following delivery method:**

- Only in-person
- Only remotely
- In person and/or remote as dependent on customer's needs

**Note:** For remote service delivery, the first training session must be held in person, at or away from the jobsite, to evaluate the customer's and employer's training needs and to set-up necessary equipment and software to facilitate remote service delivery.

**When training is facilitated in a group setting, record the VRS case IDs of all customers who participated in the group training session(s).**

1.	2.	3.	4.
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### Progress Report

**Instructions:**

- Indicate what setting(s) the training was provided.
- When the training is provided in a group setting, record the other group member's VRS case ID.
- For each entry on the progress report, enter the date the service was provided; the start time and end time of session; the total time of session using quarter hour .25 increments (Note: .25 = 15 minutes, .50 =

30 minutes, .75 = 45 minutes, and 1.0 = 60 minutes. Use 0 for non-billable notation); the number of each goal addressed; the setting the training occurred; and record a narrative description of both the services provided by the Job SkillsTrainer and the customer's performance including progress towards goals.

- Indicate total time for individual, group and all sessions provided. Add any additional comments as appropriate.

Date (xx-xx-xx)	Time (Start-End) (a.m.-p.m.)	Total time of session	Number of each goal addressed	Setting	Describe the contact or service provided.
	to			1 to 1 Group In person Remote	
	to			1 to 1 Group In person Remote	
	to			1 to 1 Group In person Remote	
	to			1 to 1 Group In person Remote	
	to			1 to 1 Group In person Remote	
	to			1 to 1 Group In person Remote	
	to			1 to 1 Group In person Remote	
	to			1 to 1 Group In person Remote	
	to			1 to 1 Group In person Remote	

	to			1 to 1 Group In person Remote	
	to			1 to 1 Group In person Remote	

**Total time for:** 1 to 1 session(s): \_\_\_\_\_ Group session(s) \_\_\_\_\_

All session(s) provided

**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.

<b>Customer's signature:</b> <b>X</b>	<b>Date Signed:</b>
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**Provider 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:

**Job Skills 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 Job Skills Trainer as described in the VR-SFP or Service Authorization; and
- I signed my signature and entered the date below.

<b>Typed or Printed name:</b>	<b>Signature:</b> (See VR-SFP 3 on Signatures) <b>X</b>	<b>Date Signed:</b>
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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.

<b>Director Typed or Printed name:</b>	<b>Director Signature:</b> (See VR-SFP 3 on Signatures) <b>X</b>	<b>Date Signed:</b>
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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)

**When Job Skills 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

**Job Skills Trainer's Credential:**

UNTWISE website or attached VR3490 verifies, for the dates of service, the Job Skills 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 Job Skills 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 Job Skills 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, verified a VR3472 has been approved for the Job Skills Training provided as Extended Supports for youth with disabilities	NA	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 person at or away from the jobsite, unless a VR3472 has been approved to allow remote training.	NA	Yes	No
Verified the hours are recorded in .25 increments and are totaled on form correctly		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 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
<b>Print staff member(s) names who completed technical review and/or verified the UNTWISE Credentials:</b>			
1.	Date:	2.	Date:
<b>VR Counselor Review</b>			
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 the customer was trained and demonstrated knowledge of and ability to perform skills/tasks as required in the service description and outcomes required for payment		Yes	No
Verified the report contains a narrative description of the services provided by the job skills trainer and customer's performance of skills related to the customer's goals		Yes	No
Verified that the documentation indicates various instructional approaches were used to meet the customer's learning styles and preferences while providing the training		Yes	No
Verified that the documentation indicates the Job Skills Trainer observed the customer to identify and solve potential problems related to the customer's employment success before the problem becomes an issue for the customer, employer, or coworkers		Yes	No
Verified that the documentation indicates the Job Skills Trainer monitored the customer's performance to ensure improvement in the customer's performance reducing training hours as the customer became better adjusted and more independent		Yes	No
Verified that the documentation indicates the Job Skills Trainer worked with the customer, employer, and VR staff members to establish support services, accommodations, compensatory techniques, and training necessary to remove barriers to ensure successful employment for the customer		Yes	No
Verified the goals and focus areas on the report match the goals and focus areas on the referral, service authorizations and/or written approval by VR counselor		Yes	No
<b>By typing or printing your name, the VRC verifies:</b> <ul style="list-style-type: none"> <li>• completion of the technical review,</li> <li>• services provided met the customer's individual needs,</li> <li>• services provided met specifications in the VR-SFP and on the SA, and</li> <li>• customer's or legally authorized representative's satisfaction with services received.</li> </ul>			
<b>Approve to pay invoice      Do not approve to pay invoice</b>			
VR Counselor:			Date: