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| Texas Workforce Solutions Logo | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Pre-Employment Transition Services (Pre-ETS) Progress Report** | | | | | | | | | | | | | | | | |
| **General Instructions** | | | | | | | | | | | | | | | | | | | | | | |
| The Pre-ETS trainer follows the instructions below when completing this form.   * Complete the form electronically and answer all questions. * Write summaries in clear, descriptive language. Leave no blanks. Enter N/A if not applicable. * Print the form, get the signatures, and submit the form to the VR counselor with a corresponding invoice. * Make certain that all standards are met before submitting this form with an invoice for payment. | | | | | | | | | | | | | | | | | | | | | | |
| **Student Information** | | | | | | | | | | | | | | | | | | | | | | |
| **Student’s name:** | | | | | | | | | **Case ID:** | | | | | | | | | | | | | |
| **Service authorization (SA) number:** | | | | | | | | | | | | | | | | | | | | | | |
| **Training Facts** | | | | | | | | | | | | | | | | | | | | | | |
| **Training facilitated:**  In a group setting (maximum of six students for each trainer)  In an individual setting (one trainer to one student)  In a combination of group and individual settings  In-person training (with the staff and customer(s) at the same physical location)  Remote training (using a computer-based training platform that allows for face-to-face and/or real time interaction)  A combination of in person and remote training  Training was provided (select one):  During school hours  After school hours  Training setting (select one):  At the customer’s school  At another location | | | | | | | | | | | | | | | | | | | | | | |
| **Training instructional approaches used in the delivery of the curriculum to meet the student’s learning styles and preferences** (Mark all that apply.): | | | | | | | | | | | | | | | | | | | | | | |
| Discussions | | | | PowerPoint presentations | | | | | | | | | | Inquiry-based instructions | | | | | | | | |
| Hands-on experiments | | | | Project and problem-based learning | | | | | | | | | | Computer-aided instructions | | | | | | | | |
| Other approaches; Describe: | | | | | | | | | | | | | | | | | | | | | | |
| **Instructions:**   * For each week of the training, enter the date (mm/dd/yy) of Monday through Sunday in the date column. * For each day of the week, record the number of hour(s) the student participated in each Pre-ETS area of training that is applicable.  Abbreviate each category using the following: Career Exploration- CE; Work-Based Learning (WBL);  Counseling on Post-Secondary Training Opportunities (CPS); Workplace Readiness (WR); and Self-Advocacy (SA). See the example below. * If the student is absent from the training, record an “A” for the day missed. * Notify the counselor by email if a student misses more than one consecutive day of training. * Total the number of hours that the student attended the training. | | | | | | | | | | | | | | | | | | | | | | |
| **Attendance** | | | | | | | | | | | | | | | | | | | | | | |
| **Week** | **Date  (Mon-Sun)** | **Monday** | | | **Tuesday** | | | **Wednesday** | | | **Thursday** | | **Friday** | | | | **Saturday** | | | **Sunday** | | |
| **Example** | 7/11/19 – 7/15/19 | 4- WR  2- SA | | | 3- WBL | | | 2- CPS  4- WR | | | 3- CPS | | 3- CE | | | | 0 | | | 0 | | |
| **1** |  |  | | |  | | |  | | |  | |  | | | |  | | |  | | |
| **2** |  |  | | |  | | |  | | |  | |  | | | |  | | |  | | |
| **3** |  |  | | |  | | |  | | |  | |  | | | |  | | |  | | |
| **4** |  |  | | |  | | |  | | |  | |  | | | |  | | |  | | |
| **5** |  |  | | |  | | |  | | |  | |  | | | |  | | |  | | |
| **6** |  |  | | |  | | |  | | |  | |  | | | |  | | |  | | |
| **7** |  |  | | |  | | |  | | |  | |  | | | |  | | |  | | |
| **8** |  |  | | |  | | |  | | |  | |  | | | |  | | |  | | |
| **9** |  |  | | |  | | |  | | |  | |  | | | |  | | |  | | |
| **10** |  |  | | |  | | |  | | |  | |  | | | |  | | |  | | |
| **Total number of hours student participated in the training:**  **Note:** Payment will only be made for hours attended. If a partial hour was attended, please round to the nearest quarter hour. | | | | | | | | | | | | | | | | | | | | | | |
| **Student’s Responses to Curriculum** | | | | | | | | | | | | | | | | | | | | | | |
| **Instructions:**   * On the “Pre-ETS Area(s)” line, enter each of the Pre-ETS areas covered during that billing period. * After the training is complete, use the scale below to rate the student’s competency related to the skills and knowledge areas listed below. * Using the same Pre-ETS coding as above (WR, SA, WBL, CPS, CE), enter the training topics covered in the numbered spaces below. For example: “WR: Appropriate dress for work”. Each topic should correspond with a training goal from the VR1824. | | | | | | | | | | | | | | | | | | | | | | |
| **Level** | | | **Description of Competency Level** | | | | | | | | | | | | | | | | | | | |
| Marginal | | | * Limited or no understanding or knowledge * Requires supervision the majority of the time | | | | | | | | | | | | | | | | | | | |
| Basic | | | * Basic understanding or knowledge * Requires some guidance or supervision | | | | | | | | | | | | | | | | | | | |
| Proficient | | | * Detailed understanding or knowledge * Capable of assisting others in the application of skills and tasks * Requires minimum guidance or supervision and works independently | | | | | | | | | | | | | | | | | | | |
| **Training Goals** | | | | | | | | | | | | | | | | | | | | | | |
| **Pre-ETS Area(s):** | | | | | | | | | | | | **Marginal** | | | | **Basic** | | | **Proficient** | | | **N/A** |
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| **Student’s Overall Performance** | | | | | | | | | | | | | | | | | | | | | | |
| **Instructions**:Use the scale to rate the student’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](https://www.southeastern.edu/admin/hr/ee_and_mngr_info/manager_information/ppr_comments.html#adapt) | | | | | | | 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 | |
| **Training Summary** | | | | | | | | | | | | | | | | | | | | | | |
| **Describe all accommodations, compensatory techniques, and special training required by the student.** | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the student’s ability and willingness to perform skills and tasks, including all problematic issues or concerns that emerge.** | | | | | | | | | | | | | | | | | | | | | | |
| **Describe how the student’s skills improved over the course of the service.** | | | | | | | | | | | | | | | | | | | | | | |
| **Describe any additional training needs.** | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Comments** | | | | | | | | | | | | | | | | | | | | | | |
| **Additional comments, if any:** | | | | | | | | | | | | | | | | | | | | | | |

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| **Customer Signatures** | | | |
| **Verification of the customer’s and/or customer’s 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  An email from the parent or customer (if 18 or over) verifying that the service was received  If submitting an email verification, describe the attempts to obtain a signature:  Unable to obtain signature, describe attempts:  **NOTE:** If the signature or other contact cannot be obtained, an approved 3472 is required for payment. | | | |
| By signing below, I, the customer, certify that I received the service as recorded within the report above.  If you are not satisfied with the service, contact your VR counselor. | | | |
| **Customer’s signature:**  **X** | | | **Date Signed:** |
| **Provider Signatures** (See VR-SFP 3 on Signatures) | | | |
| **Pre-ETS 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; * The customer provided verification above via signature or other acceptable method; and * I maintain the qualifications for the Pre-ETS Trainer as described in VR-SFP Chapter 15. | | | |
| **Typed or Printed name**: | **Signature:**  **X** | | **Date Signed**: |
| **Director** | | | |
| 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. | | | |
| **Director Typed or Printed name**: | | **Director Signature:**  **X** | **Date Signed**: |