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| **Texas Workforce Solutions logo** | | Texas Workforce Commission  Vocational Rehabilitation Services  **Project SEARCH Progress Report** | |
| **Case Information** | | | |
| **Customer’s name:** | | | **Case ID:** |
| **Service authorization (SA) number:** | | | |
| **Project SEARCH Rotation Goals** | | | |
| **Instructions:** In the first column below, check Yes if the goal is identified for the customer.  If the goal is selected for the customer, individualize the goal, where indicated. | | | |
| Yes  No | 1. Assist the Customer in learning skills necessary to meet the expectations of the host business site.   Skills to be addressed: | | |
| Yes  No | 1. Identify performance issues and implement a plan of action to improve the performance of the Customer.   Plan of action: | | |
| Yes  No | 1. Evaluate and make recommendations for support and training needs, accommodations, adaptive equipment, and job aids to ensure safe and efficient performance by the Customer at the host business site.   Potential Areas of Focus: | | |
| Yes  No | 1. Establish support and training needs, accommodations, aids necessary to remove barriers and ensure a successful internship rotation for the Customer and host business site.   Barriers to be removed: | | |
| Yes  No | 1. Observe, monitor, and make recommendations related to the Customer’s performance of tasks, use of aids, and need for accommodations to remove barriers and help the Customer have a successful internship rotation.   Potential Areas of Focus: | | |
| Yes  No | 1. Gradually reduce the time spent with the Customer at the host business site, as the Customer becomes better adjusted and more independent.   Potential Areas of Focus: | | |
| Yes  No | 1. Additional goals: | | |

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| **Project SEARCH Internship Rotation Demographics** | |
| **Host business’s name:** | |
| **Description of internship rotation:** | |
| **Start date:** | **End date:** |
| **Host business supervisor’s name:** | **Host business supervisor’s job title:** |
| **Host business supervisor’s phone number:** (     ) | **Host business supervisor’s email address:** |

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| **Project SEARCH Rotation Progress Log** | | | | |
| **Date Range**  (One week,  Sunday to Saturday) | | **Total hours of service provided for the date range** | **Number of goals addressed for the date range** | **Describe the contact made or service provided. For multiple entries, date each one.** |
| **Start Date** | **End Date** |
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| **Total time of sessions:** | | | | |

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| **Evaluation of Soft and Hard Skills** | | | | |
| In the following tables, record the Customer’s performance for each skill using the scale below: | | | | |
| **Score** | **Description** | | | |
| **E** | **Exceptional:** Performance far exceeded expectations because of the exceptionally high quality of work. | | | |
| **EE** | **Exceeds expectations:** Performance consistently exceeded expectations. | | | |
| **ME** | **Meets expectations:** Performance consistently met expectations, at times possibly exceeding expectations. | | | |
| **I** | **Improvement needed:** Performance did not consistently meet expectations. | | | |
| **U** | **Unsatisfactory:** Performance was consistently below expectations. Significant improvement is needed. | | | |
| **Essential Soft Skills to Be Demonstrated** | | | | |
| **Social Behavior** | | **Score:** | **Must comment on a minimum of 3:** | |
| Handles stress | |  |  | |
| Makes eye contact | |  |  | |
| Refrains from unnecessary social interactions | |  |  | |
| Admits mistakes | |  |  | |
| Cooperative and courteous | |  |  | |
| **Communication** | | **Score:** | **Must comment on a minimum of 3:** | |
| Listens and pays attention | |  |  | |
| Expresses personal needs  (restroom breaks, doctors’ visits, etc.) | |  |  | |
| Respects the rights and privacy of others | |  |  | |
| Asks for help and clarification as needed | |  |  | |
| Communicates adequately  (that is, initiates conversation, does or does not interrupt, and so on) | |  |  | |
| **Appearance** | | **Score:** | **Must comment on a minimum of 3:** | |
| Maintains clean appearance | |  |  | |
| Dresses appropriately for the job or internship | |  |  | |
| Attends to personal hygiene | |  |  | |
| **Job Performance** | | **Score:** | **Must comment on a minimum of 3:** | |
| Follows directions | |  |  | |
| Accepts constructive criticism and/or feedback | |  |  | |
| Follows rules and regulations | |  |  | |
| Completes tasks accurately | |  |  | |
| Arrives on time and leaves on time | |  |  | |
| Attends to job tasks consistently | |  |  | |
| Works at appropriate rate | |  |  | |
| Initiates new tasks | |  |  | |
| Works well with co-workers | |  |  | |
| Follows proper chain of command | |  |  | |
| Problem solves and/or makes decisions | |  |  | |
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| **Essential Hard Skills to Be Demonstrated** | | | | |
| Indicate the hard skills, job skills, and job-related responsibilities observed,  as they relate to the internship position for this rotation. | | **Score:** | | **Comments:** |
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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 3.11.1 Documentation and 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 or authorized representative, 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:** |
| **Customer’s authorized representative’s signature, if any**  **X** | | | | **Date Signed:** |
| **Provider Signatures** | | | | |
| **Skills Trainer** | | | | |
| **By signing below, I certify that:**   * the above dates, times, and services are accurate; * I personally completed the Progress Report collecting information about the Customer through direct services and as appropriate, the Customer’s internship mentors and Project SEARCH support team; * I documented a minimum of three (3) hours each week of time spent towards addressing the customer’s goals; * 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 or customer’s authorized representative provided verification above via signature or other acceptable method. | | | | |
| **Typed or Printed name**: | **Signature:**  (See VR-SFP 3.11.1 Documentation and Signatures)  **X** | | | **Date Signed**: |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached | | | | |
| **Director** | | | | |
| **Director Typed or Printed name**: | **Director Signature:**  (See VR-SFP 3.11.1 Documentation and Signatures)  **X** | | | **Date Signed**: |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached | | | | |
| **VRS Use Only** | | | | |
| Any VR staff member may complete the VRS Use Only section.   If any question below is answered no or if the report is incomplete, return the invoice to the provider with the VR3460. Follow the instructions in VRSM D-208-3: Incomplete or Inaccurate Invoices. | | | | |
| **Provider Qualifications Verification** | | | | |
| **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 | | | | |
| **Skills Trainer’s Credential:** | | | | |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the Skills Trainer listed above:  maintained or waived the required UNTWISE Credential  did not hold a valid UNTWISE Credential | | | | |
| **Report Verification** | | | | |
| Verified that the report is accurate and complete, per form instructions and SFP 16 | | | Yes  No | |
| Verified that the customer received the service via signature on the form or other method | | | Yes  No | |
| Verified that the service was provided within the dates on the SA | | | Yes  No | |
| Verified that the appropriate fee was invoiced | | | Yes  No | |
| **VR staff name:** | | **Date:** | | |