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| Texas Workforce Solutions Logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Vocational Adjustment Training (VAT)Explore the “You” in Work**    |
| **General Instructions**  |
| **The vocational adjustment trainer follows** **the instructions below when completing this form.** * Complete the form electronically (on the computer) and answer all questions.
* 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.
 |
| **Customer Information**  |
| **Customer’s name:**       | **VRS case ID:**       |
| **Service authorization (SA) number**:       |
| **Training Facts**  |
| **Training facilitated**: (Check all that apply)  [ ]  In a group setting (maximum of six customers for each trainer) [ ]  In an individual setting (one trainer to one customer)[ ]  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 |
| **If training is facilitated in a group setting, record the instructors and record the VRS case IDs of all customers who participated in the group training session(s).** **Note:** * The provider must ensure, a VR3472, Contracted Service Modification Request for Work Readiness has been approved by the VR director prior to the class, for every customer in a group when the ratio is greater than 1 trainer to 6 customers.
* Sign-in sheet for each class must identify the instructor(s) and may be requested to verify class ratio.
 |
| Instructors:  |
|  1.       |  2.       |  3.       |
| Customers:  |
|  1.       |  2.       |  3.       |
|  4.       |  5.       |  6.       |
|  7.       |  8.       |  9.       |
| 10.       | 11.       | 12.       |
| **Training instructional approaches used in the delivery of the curriculum to meet the Customer’s learning styles and preferences** (Select all that apply):    |
| [ ]  Discussions | [ ]  PowerPoint presentations | [ ]  Inquiry-based instructions |
| [ ]  Hands-on experiments | [ ]  Project and problem-based learning | [ ]  Computer-aided instructions |
| [ ]  Others: Describe:       |
| **Attendance**  |
| **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 Customer participated in the training.
* If Customer is absent from the training, record an “A” for the day missed.
* Notify the counselor immediately when the Customer is absent.
* Total the number of hours that the Customer attended the training.
 |
| **Week** | **Date** (Mon-Sun)  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| 1 |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |
| **Total number of hours the Customer participated in the training**:       |
| **Customer’s Responses to Curriculum**  |
| **Instructions:**  * Record the date(s) each task listed within the module was completed.
* After the module is complete, use the scale below to rate the Customer’s competency related to the skills and knowledge areas list below.
 |
| **Key or 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
 |
| **Exploring the “You” in Work required module elements**  | **Date Completed** | **Marginal** | **Basic** | **Proficient** | **N/A** |
| **Work Personality**  |
| Customer identifies his or her basic work personality  |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Customer demonstrates an understanding of how his or her work personality affects his or her employment |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Work Interests**  |
| Customer identifies his or her work interests  |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Customer demonstrates an understanding of how his or her work interests affect his or her employment |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Work Values**  |
| Customer identifies his or her work values  |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Customer demonstrates an understanding of how work values affect his or her employment  |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Identification of Transferable Skills**  |
| Customer identifies his or her transferable skills  |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Customer demonstrates an understanding of how transferable skills affect his or her employment |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Extension activities** (One is required; describe below.)    |
| 1.
 |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 1.
 |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **Journaling activity**: Topic Provided [ ]  Yes [ ]  No |  |
| **Customer’s Overall Performance**  |
| **Instructions**: Use the scale to rate the Customer’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 |
| **Overall Training Summary** |
| **Describe the instructions and resources the customer received throughout the entire training.**       |
| **Describe the customer’s 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 the customer.**  |
| **Recommendations related to future training that can enhance or improve the customer skills.**      |
| **Additional Comments**  |
| **Additional comments, if any:**      |

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| **Customer Signatures**  |
| **Verification of the customer’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:      [ ]  Email verification, per VR-SFP 3 (must be attached) |
| 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:****X** | **Date Signed:**      |
| **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:       |
| **Vocational 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 Vocational Adjustment Trainer as described in the VR‑SFP or Service Authorization; and
* I signed my signature and entered the date below.
 |
| **Typed or printed name of instructor 1**:      | **Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |
| **Select all that apply:**[ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached[ ]  Transition Educator [ ]  Non-traditional[ ]  RID/BEI/SLIPI with Number:       or [ ]  proof attached |
| **Typed or printed name of instructor 2**:      | **Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |
| **Select all that apply:**[ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached[ ]  Transition Educator [ ]  Non-traditional [ ]  RID/BEI/SLIPI with Number:       or [ ]  proof attached |
| **Typed or printed name of instructor 3**:      | **Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |
| **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.
 |
| **Director Typed or Printed name**:      | **Director Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |
| **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 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** holda 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 |
| Verifed the training was provided in the environment(s) (in person, remotely or combination) indicated on the referral form.  | [ ]  Yes [ ]  No |
| Verified the customer received the minimum required **10** hours of face to face training  | [ ]  Yes [ ]  No |
| The trainer‑to‑customer ratio was adhered to as described in the VR-SFP. | [ ]  Yes [ ]  No |
| Verified that the training provided to the customer contained the **4** required module topics | [ ]  Yes [ ]  No |
| Verified that the training provided to the customer contained the **1** required extension activity | [ ]  Yes [ ]  No |
| Verified that the journaling activities were offered during the training | [ ]  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:       |
| **VR Counselor Review**  |
| 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:** * 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.

[ ]  **Approve to pay invoice** [ ]  **Do not approve to pay invoice** |
| VR Counselor:        | Date:       |