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| Texas Workforce Solutions Logo | **Texas Workforce Commission****Vocational Rehabilitation Services** **Bundled Job Placement Services****Benchmark A Training Report**   |
| **General Instructions** |
| **The Job Placement Specialist 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.
 |
| **Demographic Information**  |
| **Customer’s name:**       | **VRS case ID:**       |
| **Service authorization (SA) number:**       |
| **Training Facts**  |
| [ ]  Basic Bundled Job Placement Services | [ ]  Enhanced Bundled Job Placement Services |
| **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:** Sign-in sheet for each class must identify the instructor(s) and may be requested to verify class ratio.  |
| **Instructors:** |
|  1.       |  2.       |
| **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** (Mark all that apply.): |
| [ ]  Discussions [ ]  PowerPoint presentations [ ]  Inquiry-based instructions[ ]  Hands-on experiments [ ]  Project and problem-based learning [ ]  Computer-aided instructions[ ]  Others: Describe:       |
| **Attendance**  |
| **Record the date(s) and length of training using quarter hours** (.25 = 15 minutes, .50 = 30 minutes, .75 = 45 minutes, and 1.0 = 60 minutes. |
| **Date:**       | **Length of Training:**       | **Date:**       | **Length of Training:**       |
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| **Total number of hours the customer participated in the training**:       |
| **Customer’s Responses to Training**  |
| **Instructions:** * After the training is complete, use the scale below to rate the customer’s competency related to the skills and knowledge areas listed below.
 |
| **Key for Levels** | **Descriptor** |
| Proficient  | * Requires training to refresh knowledge and skills
* After training, capable of demonstrating skills and knowledge independently, but may need mentoring
 |
| Basic  | * Requires training to learn and demonstrate knowledge and skills
* After training, requires guidance and feedback for the customer to demonstrate knowledge and skills necessary to complete tasks or produce a product
 |
| Marginal  | * Requires hands on instruction to participate and demonstrate knowledge and skills taught in training
* After training, requires reinforcement or reteaching of skills taught while demonstrating knowledge and skills necessary complete tasks or to produce a product
 |
| Reliant  | * Requires extensive and comprehensive assistance and supports to perform skills and to complete tasks or to produce a product
* Some skills, tasks and products may need to be completed for the customer to address disability and literacy factors
 |
| **VR1850, Employment Data Sheet or Equivalent**  |
| **Instructions:** Rate the customer’s knowledge and skills related to collecting each type of data required for a complete and accurate employment data sheet.     |
| **Employment Data Sheet Section**  | **Proficient** | **Basic** | **Marginal** | **Reliant** |
| Demographics  | [ ]  | [ ]  | [ ]  | [ ]  |
| Arrest and conviction history, if any  | [ ]  | [ ]  | [ ]  | [ ]  |
| Paid work history  | [ ]  | [ ]  | [ ]  | [ ]  |
| Volunteer history  | [ ]  | [ ]  | [ ]  | [ ]  |
| References  | [ ]  | [ ]  | [ ]  | [ ]  |
| Employment skills  | [ ]  | [ ]  | [ ]  | [ ]  |
| Career objective  | [ ]  | [ ]  | [ ]  | [ ]  |
| Training history  | [ ]  | [ ]  | [ ]  | [ ]  |
| Occupational license or certification  | [ ]  | [ ]  | [ ]  | [ ]  |
| High school and GED information  | [ ]  | [ ]  | [ ]  | [ ]  |
| College education history  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Résumés**  |
| **Instructions:** * Does the referral or service authorization indicate résumé training is required to support the customer’s employment goal? If no, the completion of Résumé Training is optional.

[ ]  Yes [ ]  No* Rate the customer’s knowledge and skills related to collecting each type of data required for a complete and accurate employment data sheet.
 |
| **Résumé Tasks** | **Proficient** | **Basic** | **Marginal** | **Reliant** |
| Identifying different types and purpose of résumés, i.e. chronological, functional, combination, or targeted  | [ ]  | [ ]  | [ ]  | [ ]  |
| Collecting résumé contents such as education, work experience, credentials, and achievements that are used to apply for jobs  | [ ]  | [ ]  | [ ]  | [ ]  |
| Creating own résumé as necessary for employment goal of Customer  | [ ]  | [ ]  | [ ]  | [ ]  |
| Tailoring and updating own resume for specific jobs  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Job Applications** |
| **Job Applications Tasks** | **Proficient** | **Basic** | **Marginal** | **Reliant** |
| Understanding the job application process for paper, website and kiosk applications  | [ ]  | [ ]  | [ ]  | [ ]  |
| Identifying appropriate responses to questions on job applications  | [ ]  | [ ]  | [ ]  | [ ]  |
| Writing clear descriptive responses to questions that are spelling and grammatical error free  | [ ]  | [ ]  | [ ]  | [ ]  |
| Identification of strategies to address employment barriers demonstrated by the customer  | [ ]  | [ ]  | [ ]  | [ ]  |
|  Completion of job application(s)  Type(s) Completed:  [ ]  Paper [ ]  Website [ ]  Kiosk | [ ]  | [ ]  | [ ]  | [ ]  |
| **References and Written Correspondence**  |
| **References and Written Correspondence Tasks** | **Proficient** | **Basic** | **Marginal** | **Reliant** |
| Identifying and using professional and personal employment references  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding when and how to request a person be a professional and/or personal employment reference  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding when and how to provide professional and personal employment references to potential employers  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding how reference will be used for background verifications   | [ ]  | [ ]  | [ ]  | [ ]  |
| Identifying and using effective written correspondence when job searching  | [ ]  | [ ]  | [ ]  | [ ]  |
| Creating cover letters for applications and résumés  | [ ]  | [ ]  | [ ]  | [ ]  |
| Creating thank you letters related to employer correspondence or meetings and interviews  | [ ]  | [ ]  | [ ]  | [ ]  |
| Using and creating email correspondence  | [ ]  | [ ]  | [ ]  | [ ]  |
| Using and creating written correspondence sent via the U.S. Postal Service   | [ ]  | [ ]  | [ ]  | [ ]  |
| Identifying and using professional and personal employment references  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Interview Training** |
| **Interview Tasks** | **Proficient** | **Basic** | **Marginal** | **Reliant** |
| Understanding the interview process  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding the different types of interviews including screening, telephone, panel and/or group, behaviorally based, case, situational and technical    | [ ]  | [ ]  | [ ]  | [ ]  |
| Creating a 30–60 second “elevator” speech that summarizes why he or she is a good candidate for the job  | [ ]  | [ ]  | [ ]  | [ ]  |
| Delivering his or her “elevator” speech  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrating how to research businesses and positions prior to an interview  | [ ]  | [ ]  | [ ]  | [ ]  |
| Identifying questions to ask the business when interviewing  | [ ]  | [ ]  | [ ]  | [ ]  |
| Identifying typical interview questions asked by the business for the industry of the customer’s employment goal(s)   | [ ]  | [ ]  | [ ]  | [ ]  |
| Effectively answering typical interview questions asked by the business for the industry of the customer’s employment goal(s)   | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding and responding to questions related to protected classes and disclosure  | [ ]  | [ ]  | [ ]  | [ ]  |
| Requesting assistance, including disability etiquette  | [ ]  | [ ]  | [ ]  | [ ]  |
| Responding to complicated questions to address the customer’s employment barriers  | [ ]  | [ ]  | [ ]  | [ ]  |
| Personal presentation for interviews such as grooming, dress, manners, etc.  | [ ]  | [ ]  | [ ]  | [ ]  |
| Completing a mock interview 1  | [ ]  | [ ]  | [ ]  | [ ]  |
| Completing a mock interview 2  | [ ]  | [ ]  | [ ]  | [ ]  |
| Completing a mock interview 3 (optional)  | [ ]  | [ ]  | [ ]  | [ ]  |
| Completing a mock interview 4 (optional)  | [ ]  | [ ]  | [ ]  | [ ]  |
| Completing a mock interview 5 (optional)  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Pre-Employment Testing** |
| **Pre-Employment Testing Tasks** | **Proficient** | **Basic** | **Marginal** | **Reliant** |
| Understanding purpose of aptitude, skills and literacy testing and how the testing is conducted  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding the purpose of personality testing and how the testing is conducted  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding purpose of physical ability testing that measures an applicant’s ability to perform task and physical function of the job  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding purpose of drug testing and how the testing is conducted  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Job Search** |
| **Job Search Tasks** | **Proficient** | **Basic** | **Marginal** | **Reliant** |
| Researching business unmet needs related to employment goal  | [ ]  | [ ]  | [ ]  | [ ]  |
| Using Job Websites and Employer Job Boards for searching for jobs related to employment goal  | [ ]  | [ ]  | [ ]  | [ ]  |
| Networking with individuals who may know about an unposted employment opportunity  | [ ]  | [ ]  | [ ]  | [ ]  |
| Registering and using WorkinTexas.org to search for jobs  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Job Acceptance and Preparing for the First Day on the Job** |
| **Job Acceptance Tasks and** **Preparing for the First Day on the Job Tasks** | **Proficient** | **Basic** | **Marginal** | **Reliant** |
| Understanding wage associated with position(s) as it related to the customer’s skills and location of employer  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding how to use of basic salary negotiation techniques  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding the job responsibilities the employer is requiring for the position  | [ ]  | [ ]  | [ ]  | [ ]  |
| Identification of accommodation needs that can improve performance in the work setting (environmental changes, assistive technology devices, or work process)     | [ ]  | [ ]  | [ ]  | [ ]  |
| Requesting accommodations to address the Customer disability need(s) if necessary  | [ ]  | [ ]  | [ ]  | [ ]  |
| Securing transportation to work site  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstration of appropriate dress (clothing and hygiene) necessary for the position gained for the Customer  | [ ]  | [ ]  | [ ]  | [ ]  |
| Securing all documents necessary to “on board” the first day on the job  | [ ]  | [ ]  | [ ]  | [ ]  |
| Securing and demonstrating use of necessary items such as uniform and alarm clock  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstration of communicating individual needs to employer  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrating expected behaviors and expectation when working at job site  | [ ]  | [ ]  | [ ]  | [ ]  |
| **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 |
|  Attention  | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Communication  | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Computer literacy  | [ ]  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:**      |
| **Supplementary Required Documentation** |
| * + VR1850, Employment Data Sheet or equivalent
	+ Copy of résumé, if required via referral or service authorization
	+ Customer’s “elevator speech” is attached to report
	+ When requested by VR counselor, copies of recorded mock interviews provided
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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:       |
| **Job Placement Specialist**   |
| **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 Placement Specialist as described in the VR‑SFP or Service Authorization; and
* I signed my signature and entered the date below.
 |
| **Typed or Printed name of Job Placement Specialist 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 name of Job Placement Specialist 2** (if any):      | **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 Job Placement Specialist 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 Placement Specialist’s Credential:**  |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the Job Placement Specialist 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 Job Placement Specialist 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 Placement Specialist 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 that the form indicates the training was provided in a group or individual setting and, if in a group setting, a ratio of **1** Job Placement Specialist to no more than **6**customers was maintained   | [ ]  Yes [ ]  No |
| Verified a complete VR1850 or equivalent submitted | [ ]  Yes [ ]  No |
| Verified a copy of customer’s résumé was submitted, if required on the VR1845B | [ ]  Yes [ ]  No |
| Verified a written copy of the customer’s “elevator speech” is attached to report | [ ]  Yes [ ]  No |
| Verified mock interviews were recorded, if required on the VR1845B | [ ]  Yes [ ]  No |
| Verified that all supplies and resources necessary for the customer to participate in the training were provided | [ ]  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 was trained with the customer’s knowledge and skills evaluated for all training tasks included on the form | [ ]  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 the customer received the service and the trainer‑to‑customer ratio was adhered to as described in the VR-SFP   | [ ]  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 products produced from the service are accurate, professional, and of acceptable quality (e.g. self-assessments, résumés, elevator speech, employment conditions, extension activities)   | [ ]  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:**       |