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| Texas Workforce Solutions Logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Embedded 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 paragraph form in clear, descriptive language that specifically describes the individual student’s experience. Enter N/A if not applicable.
* Once the form is complete, submit it to the counselor with the invoice for services.
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| **Student Information**  |
| **Student’s name:**       | **Case ID:**       |
| **Service authorization (SA) number:**       |
| **Training Facts**  |
| **Training facilitated:**[ ]  In-person training [ ]  Remote training[ ]  A combination of in person and remote training |
| 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 training, enter the number of hours completed.
* If the student is absent from the training, record an “A” for the day missed.
* Notify the counselor if the student misses more than two consecutive days of training.
* A separate record of attendance may be attached in lieu of this section as long as it contains all of the requested information.
* For each box in which time is entered, add an “I” for in-person instruction or an “R” for remote instruction.
* You may bill up to 3 months on this form.
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| **Attendance**  |
| **Number of months billed on this form:**       |
| **Hours completed by the student during this month (if more than one month is billed on this form, please list each with the number of hours completed for that month):**       |
| **Number of available training hours during this month (if more than one month is billed on this form, please list each with the number of training hours available for that month):**       |
| **Calculated total (hours completed/available hours listed for each month billed):**      \*\*Note: if the quantity here is .9 or higher, the payment should be received at a quantity of 1. |
| **Week** | **Date (Mon-Sun)** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **1** |       |       |       |       |       |       |       |       |
| **2** |       |       |       |       |       |       |       |       |
| **3** |       |       |       |       |       |       |       |       |
| **4** |       |       |       |       |       |       |       |       |
| **5** |       |       |       |       |       |       |       |       |
| **6** |       |       |       |       |       |       |       |       |
| **7** |       |       |       |       |       |       |       |       |
| **8** |       |       |       |       |       |       |       |       |
| **9** |       |       |       |       |       |       |       |       |
| **10** |       |       |       |       |       |       |       |       |
| **11** |       |       |       |       |       |       |       |       |
| **12** |       |       |       |       |       |       |       |       |
| **Total number of hours student participated in the training:**        |
| **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**  |
| **Instructions: Describe the student’s performance and learning during this billing period. Attach a separate page if necessary.**   |
| Did the student actively participate and learn from the training?  |       |
| Were there any challenges? |       |
| What else does the counselor need to know about the student’s participation and performance in the training? In the topics covered during this billing period, does the student have additional training needs for mastery? |       |
| Describe all accommodations, compensatory techniques, and special instruction required by the student, if applicable. |       |

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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 [ ]  By providing an email verifying that the services were provided in the manner described on this form.[ ]  Unable to obtain signature, describe attempts:       **NOTE:** If a signature or other contact cannot be obtained, an approved 3472 is required for payment. |
| By signing below, I, the customer, agree with the information recorded within the report above.   |
| **Customer’s signature:****X** | **Date Signed:**      |
| **Director Signatures**  |
| **Director**   |
| **By signing below, I certify that:** * All statements in this document are true and accurate.
* Services were provided in the way described and in accordance with the contract for Embedded Pre‑ETS.
* I am authorized to provide signature on behalf of the contracted party.
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| **Typed or Printed name**:      | **Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |

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| **Additional Comments** |
| **Additional comments, if any:**      |