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| Texas Workforce Solutions logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Pre-ETS Curriculum Checklist** | |
| Complete the questions below to be reviewed by the Vocational Rehabilitation State Office Transition Team at the time of contract   application and any time the curriculum is changed. If additional information is needed,  please be prepared to share a copy of the curriculum. Please see the VR Standards for Providers Manual, Chapter 15,  for curriculum requirements and information about combining curricula. | | |
| **Entity’s Information** | | |
| Entity’s legal name: | | |
| Entity’s “doing business as” (DBA) name: | | |
| **Reason for Submission** | | |
| Date of submission: | | |
| Application package  Update of information due to change in information on file  Other: Specify: | | |
| **Curriculum Information** | | |
| Name of Curriculum (If using multiple curricula, please include the names of each): | | Publisher:    Website for more information: |
| **Please answer as completely as possible. Is the curriculum:** | | |
| Designed for transition-age individuals (14–22), preferably with references to disabilities?  Yes  No  Unsure | | |
| Included in the policy for Vocational Adjustment Training (VAT) in the VR Standards for Providers Chapter 13: Work Readiness Services?  Yes  No  Unsure | | |
| Note: If the training is targeting a specific disability group(s), the curriculum must consider cognitive ability and reading level.  Is your Pre-ETS training targeting a specific disability group?  Yes  No  Unsure  If yes, does this curriculum consider cognitive ability and reading level?  Yes  No  Unsure  If yes, please describe how: | | |
| Which of the five Pre-ETS areas does this curriculum include?  Job Exploration Counseling  Work-based Learning  Counseling on Post-Secondary Opportunities  Workplace Readiness  Self-Advocacy | | |
| **Curriculum Outline** | | |
| Please provide a detailed outline of your curriculum below. Include the agenda and all training objectives. It is acceptable to attach additional pages. | | |
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| **VRS Use Only** | | |
| I certify that this VR1825 has been reviewed in accordance with the VR1825 Standard Operating Procedures (SOP).  Reviewer Name:  Date Reviewed: | | |