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| Texas Workforce Solutions logo | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Non-Bundled Job Placement Services**  **Data Sheet, Application and Résumé Training** | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | | | | | |
| **Customer Information** | | | | | | | | | | | | | | | | | |
| **Customer name:** | | | | | | | | | | | | | **VRS case ID:** | | | | |
| **Service authorization (SA) number:** | | | | | | | | | | | | | | | | | |
| **Training Facts** | | | | | | | | | | | | | | | | | |
| **Training facilitated**:  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 TWS-VRS case IDs of all customers who participated in the group training session(s).** | | | | | | | | | | | | | | | | | |
| 1. | | | | 2. | | | | | | | | 3. | | | | | |
| 4. | | | | 5. | | | | | | | | 6. | | | | | |
| **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:** | | | | | | | | |
| **Date:** | **Length of Training:** | | | | | **Date:** | | | **Length of Training:** | | | | | | | | |
| **Date:** | **Length of Training:** | | | | | **Date:** | | | **Length of Training:** | | | | | | | | |
| **Date:** | **Length of Training:** | | | | | **Date:** | | | **Length of Training:** | | | | | | | | |
| **Date:** | **Length of Training:** | | | | | **Date:** | | | **Length of Training:** | | | | | | | | |
| **Total number of hours the customer participated in the training**: | | | | | | | | | | | | | | | | | |
| **Instructions:**  After the training is complete, use the scale below to rate the customer’s competency related to the skills and knowledge areas list 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 re-teaching 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 task 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** | | | | | | | | | | | | | | | | | |
| **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?  **Yes**  **No** If no, the completion of Résumé Training is optional. | | | | | | | | | | | | | | | | | |
| **Résumé Tasks** | | | | | | | | **Proficient** | | | **Basic** | | | | **Marginal** | | **Reliant** |
| Identifying different types and purpose of Resumes, 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 customer’s employment goals | | | | | | | |  | | |  | | | |  | |  |
| 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 (online), and kiosk applications | | | | | | | |  | | |  | | | |  | |  |
| Identifying appropriate responses to questions on job applications | | | | | | | |  | | |  | | | |  | |  |
| Writing clear descriptive responses to questions that are free of spelling and grammatical errors | | | | | | | |  | | |  | | | |  | |  |
| Identifying strategies to address employment barriers demonstrated by the customer | | | | | | | |  | | |  | | | |  | |  |
| Completion of job application(s)  Type(s) Completed:  Paper  Website (Online)  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 to 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 | | | | | | | |  | | |  | | | |  | |  |
| **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 | |
| Cooperativeness | | | | | Excellent | | Very Good | | | Good | | | | Marginal | | Poor | |
| Computer literacy | | | | | 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 resumé, if required on the VR1840. | | | | | | | | | | | | | | | | | |

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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  Email verification, per VR-SFP 3 (must be attached)  Unable to obtain signature, describe attempts: | | | | | |
| 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**: | **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 |
| Verify training provided as indicated on the referral (in person, remote or combination) | | | | | Yes  No |
| When applicable, verify a copy of an approved VR3472 is attached to the report? | | | | N/A  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 the customer was trained with the customer’s knowledge and skills evaluated for all training tasks included on the form | | | | | 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 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 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 minimum required hours of 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: |