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| Texas Workforce Solutions Logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Non-Bundled Job Placement Services****Interview 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.
 |
| **Customer Information**  |
| **Customer 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 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:**       |
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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 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 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 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
 |
| **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 the customer 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 that 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)   | [ ]  | [ ]  | [ ]  | [ ]  |
| **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.**      |
| **Premiums**  |
| **Instructions:** * Service Authorization(s) for premium(s) must be issued prior to service delivery.
* The Job Placement Specialist identifies compliance with the required qualifications for the premium.
 |
| Autism Premium [ ]  Yes [ ]  No | Brain Injury Premium [ ]  Yes [ ]  No |
| Deaf Premium (Proof attached) [ ]  Yes [ ]  No | Blind Premium [ ]  Yes [ ]  No |
| Other:       [ ]  Yes [ ]  No |
| **Additional Comments** |
| **Additional comments, if any:**      |
| **Supplementary Required Documentation** |
| * Customer’s “elevator speech” is attached to report
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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**:      | **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 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 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:       |