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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Personal Social Adjustment and Work Adjustment Training Plan**  |
| **General Information**  |
| **Customer name:**       | **VRS case ID:**       |
| **Associated service authorization number**:       | **Date training plan created or updated:**       |
| **Training Plan** |
| **Area(s) to be addressed in goals and objectives:** |
| **Personal Social Adjustment Training** |
| **Training to be 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 |
|  [ ]  Acceptable work behaviors  [ ]  Appropriate use of time and schedule management [ ]  Conflict resolution [ ]  Developing or restoring self-confidence [ ]  Developing socially acceptable behaviors [ ]  Disability management [ ]  Establishing basic etiquette [ ]  Other:       | [ ]  Personal appearance and grooming [ ]  Personal health and hygiene[ ]  Self-advocacy skills[ ]  Self-evaluation[ ]  Social relationships[ ]  Time/schedule management[ ]  Workplace interaction[ ]  Other:       |
| **Work Adjustment Training****Note:** WAT cannot be provided remotely  |
|  [ ]  Acceptance of supervision and directions [ ]  Daily living skills [ ]  Effective communication [ ]  Goal setting [ ]  Grooming, hygiene, work attire and/or dress code [ ]  Motivation [ ]  Problem solving [ ]  Other:       | [ ]  Self-regulation/reliance[ ]  Social skills [ ]  Understanding roles and responsibilities in the workplace[ ]  Work ethics[ ]  Work practices and productivity (including safety and speed)[ ]  Work tolerance[ ]  Other:      [ ]  Other:       |
| **Goal 1:**       |
| **Objectives:** | **Date Set:** | **Projected Achievement Date:** | **Date Achieved:** |
| **A:**       |       |       |       |
| **B**:       |       |       |       |
| **C**:       |       |       |       |
|  **Activities and interventions:**       |
| **Description of abilities at entrance of training:**      |
| **Goal 2:**       |
| **Objectives:** | **Date Set:** | **Projected Achievement Date:** | **Date Achieved:** |
| **A:**       |       |       |       |
| **B**:       |       |       |       |
| **C**:       |       |       |       |
|  **Activities and interventions:**  |
| **Description of abilities at entrance of program:**      |
| **Goal 3:**       |
| **Objectives:** | **Date Set:** | **Projected Achievement Date:** | **Date Achieved:** |
| **A:**       |       |       |       |
| **B**:       |       |       |       |
| **C**:       |       |       |       |
|  **Activities and interventions:**       |
| **Description of abilities at entrance of program:**      |
| **Goal 4:**       |
| **Objectives:** | **Date Set:** | **Projected Achievement Date:** | **Date Achieved:** |
| **A:**       |       |       |       |
| **B**:       |       |       |       |
| **C**:       |       |       |       |
|  **Activities and interventions:**       |
| **Description of abilities at entrance of program:**      |
| **Goal 5:**       |
| **Objectives:** | **Date Set:** | **Projected Achievement Date:** | **Date Achieved:** |
| **A:**       |       |       |       |
| **B**:       |       |       |       |
| **C**:       |       |       |       |
|  **Activities and interventions:**       |
| **Description of abilities at entrance of program:**      |
| **Recommendations**  |
| **PSAT** |
| **Number of PSAT hours requested:****Week 1:**       **Week 2:**       **Week 3:**       **Week 4:**      **Grand of total of hours for month:**      **Justification for PSAT hours:**        |
| **WAT** |
| **Number of WAT hours requested** **Week 1:**       **Week 2:**       **Week 3:**       **Week 4:**      **Grand of total of hours for month:**      **Justification for WAT hours:**        |
| VR3137A or VR3138 completed and attached. **[ ]  Yes** **[ ]  No** |
| **Additional Comments**  |
| **Additional comments, if any:**      |

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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:**      |
| **Customer’s authorized representative’s signature**, if any**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:       |
| **Personal Social Adjustment Trainer and/or Work Adjustment Trainer**   |
| **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 Personal Social Adjustment Trainer and/or Work Adjustment Trainer as described in the VR‑SFP or Service Authorization; and
* I signed my signature and entered the date below.
 |
| **Personal Social Adjustment Trainer Typed or Printed name**:      | **Signature:** (See VR-SFP 3 on Signatures)**X**  | **Date Signed**:      |
| **Work Adjustment Trainer 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 |

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| **TWC Vocational Counselor Signature**  |
| **By signing below, I, the VR Counselor, agree with the goals and objectives in the above Training Plan.**   |
| **VR Counselor typed name**:      | **VR Counselor signature:****X**   | **Date:**      |