CHECKLIST DVR PRE-EMPLOYMENT TRANSITION PROGRAM



Participant Name:_____

Student ID:

Intake – Submitted to SCW with Invoice

□ DSHS Student Information/Consent (data) form

□ The IEP/504 plan (only first page to SCW)

Referral

- Equal Opportunity Form
- \Box Release of Information Form
- □ Media Release Form

Participation

Workplace Readiness Training (minimum of 20 hr within 12 months)

□ Roster (to submit to DVR 10 calendar days prior to start of Training)

 \Box Sign-in sheets

□ Log of hours participated

 $\hfill\square$ Evaluation of Trainings that includes self-reflection

Individualized Work-Based Learning Experiences (within 12 months)

**minimum: 4 hrs within 12 months

- □ Roster (to submit to DVR 10 calendar days prior to start of Activities)
- \Box Sign-in sheets
- $\hfill\square$ Evaluation of Activities that includes self-reflection

Paid Work-Based Learning Internships (40 – 120 hrs within 12 months)

□ Pre-ETS WBL Agreement (to submit to DVR 10 calendar days prior to start of

Internship)

- \Box Timesheets
- \Box Certificate of Completion
- 🗌 Portfolio
- $\hfill\square$ Evaluation of Experience that includes self-reflection

Completion

- □ Certificate of Completion
- \Box Case Notes