**Pre-ETS Work Experience Services Invoice and Report**

**Including Monthly Time Log for Student Payment Reimbursement**

This form must be used for invoicing and reporting of the services WEcoord, S11001WE, S11001WEg, S11001WEgH, and WEwage. Written authorization for services is required prior to service delivery and reports due by the 10th of each month. **Only complete the sections of this report that pertain to provided services (leave all others blank).**

# I. Vendor Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **DARS Provider/Vendor Number:** | DARS Vendor Number |  |
| **Address:** | Address Line 1 | **Pre-ETS Skills Trainer:** | Skills Trainer Name |  |
| Address Line 2 | **Skills Trainer Phone:** | Phone Number |
| Address Line 3 | **Skills Trainer Email:** | Email Address |

# II. Student Data

|  |  |
| --- | --- |
| **Student Name:** | Student Name |
| **DARS Participant ID #:** | Participant ID # |
| **DARS Counselor:** | Counselor Name |

**III. Service Invoice Data**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Code** | **Current Authorization #** | **Billing Period** | **Hours/Days Authorized** *(15 min increments = .25)* | **Hours/Days Billed***(15 min increments = .25)* | **Amount ($$) Due** |
| Choose an item. | Authorization Number | Enter text. | # of Units | # of Units | Total Due |
| Choose an item. | Authorization Number | Enter text. | # of Units | # of Units | Total Due |
| Choose an item. | Authorization Number | Enter text. | # of Units | # of Units | Total Due |

# IV. Work Experience Service Reporting (S11001WE, S11001WEg, S11001WEgH)

Complete this section only if you have provided on-site skills training orientation and oversight supports with prior authorization from DARS using procedure codes S11001WE, S11001WEg, or S11001WEgH.

## a) WE Responsibilities and Objectives

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives** | **Achieved** | **Not Achieved** | **Comments** |
| 1. Click here to enter text. |[ ] [ ]  Click here to enter text. |
| 2. Click here to enter text. |[ ] [ ]  Click here to enter text. |
| 3. Click here to enter text.      |[ ] [ ]  Click here to enter text. |
| 4. Click here to enter text. |[ ] [ ]  Click here to enter text. |
| **Describe Student’s Work Responsibilities:** Enter text. |

## b) WE Competencies

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Competency** | **Descriptors** | **Achieved** | **Progress Observed** | **Progress Not Observed** | **Comments** |
| **Communication Skills** | Uses appropriate vocabulary, grammar, and body language |[ ] [ ] [ ]  Click here to enter text. |
|  | Asks questions/seeks clarification |[ ] [ ] [ ]  Click here to enter text. |
|  | Accepts constructive suggestions |[ ] [ ] [ ]  Click here to enter text. |
| **Interpersonal Skills** | Works well on a team/with co-workers |[ ] [ ] [ ]  Click here to enter text. |
|  | Demonstrates ability to professionally solve problems  |[ ] [ ] [ ]  Click here to enter text. |
|  | Appearance/dress conforms to work culture and standards |[ ] [ ] [ ]  Click here to enter text. |
| **Independence Skills** | Independently travels to and from work experience site |[ ] [ ] [ ]  Click here to enter text. |
| **Understanding Employer / Business Expectations** | Demonstrates appropriate time management (e.g. arrive on time, returns from breaks on time etc.) |[ ] [ ] [ ]  Click here to enter text. |
|  | Demonstrates appropriate workplace behaviors including appropriate use of cell phone |[ ] [ ] [ ]  Click here to enter text. |
|  | Follows workplace health, safety, environmental and sexual harassment policies/procedures |[ ] [ ] [ ]  Click here to enter text. |
| **Additional individualized competencies, if applicable** | Click here to enter text. |[ ] [ ] [ ]  Click here to enter text. |
| **Additional Comments** | Click here to enter text. |

## c) Performance Observations, Summary of Experience & Recommendations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Satisfactory** | **Improvement Needed** | **N/A** |
| **Appropriate interaction with business and community members, peers and staff** |[ ] [ ] [ ] [ ]
| **Appropriate dress and hygiene** |[ ] [ ] [ ] [ ]
| **Maintain attention to task** |[ ] [ ] [ ] [ ]
| **Demonstrated motivation/initiative** |[ ] [ ] [ ] [ ]
| **Able to work independently** |[ ] [ ] [ ] [ ]
| **Appropriately asked for help, if needed** |[ ] [ ] [ ] [ ]
| **Endurance/stamina** |[ ] [ ] [ ] [ ]
| **Followed oral instructions** |[ ] [ ] [ ] [ ]
| **Followed written instructions** |[ ] [ ] [ ] [ ]
| Include below additional work habits, skills and observations, as appropriate: |
|  | **Excellent** | **Satisfactory** | **Improvement Needed** | **N/A** |
| Click here to enter text. |[ ] [ ] [ ] [ ]
| Click here to enter text. |[ ] [ ] [ ] [ ]
| Click here to enter text. |[ ] [ ] [ ] [ ]
| Click here to enter text. |[ ] [ ] [ ] [ ]

## d) Required Monthly Student Perspective

|  |  |
| --- | --- |
| **Document what student communicated when asked, “What did you learn?” after completion of service delivery for the month** | Click here to enter text. |
| **Any additional comments from student** | Click here to enter text. |

## e) Final Month’s WE Summary Information & Recommendations

|  |  |
| --- | --- |
| **Summary of Student’s Experience** | Click here to enter text. |
| **Observed Strengths** | Click here to enter text. |
| **Observed and/or Stated Interests** | Click here to enter text. |
| **Observed and/or Stated Challenges** | Click here to enter text. |
| **Work-relevant and Independence Skills Acquired** | Click here to enter text. |
| **Accommodations, Compensatory Techniques, Special Assistance Required** | Click here to enter text. |
| **Recommendations for Additional Pre-ETS** | Click here to enter text. |

# V. Work Experience Coordination Reporting (WEcoord)

Complete this section only if you are invoicing for allowable work experience coordination activities (e.g. skills trainer travel time, report writing, completing work experience agreement, site development, etc.) and have received prior authorization from DARS to do so using procedure code ‘WBLcoord’.

|  |  |  |  |
| --- | --- | --- | --- |
| **Totals:** | **WE Coordination Activities** | **Hours Billed (15 minute increments = .25)** | **Summary of Activities** |
| Choose an item. | # of Units | Click here to enter text. |
| Choose an item. | # of Units | Click here to enter text. |
| Choose an item. | # of Units | Click here to enter text. |
| Choose an item. | # of Units | Click here to enter text. |
| Choose an item. | # of Units | Click here to enter text. |
| Choose an item. | # of Units | Click here to enter text. |
| Other. | # of Units | Click here to enter text. |
|  | # of Units |  |

# VI. Student Payment Reimbursement (WEwage)

Complete the following ‘Student Payment Reimbursement Monthly Time Log’ if you received prior authorization to receive student WE payment reimbursement.

***a) Student Payment Reimbursement Monthly Time Log***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| 3/3/20229:00 AM10:00 AM1 hour | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours |
| DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours |
| DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours |
| DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours |
| DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours | DateStart TimeEnd TimeTotal hours |

**Attendance rate:** Click here to enter text. **If less than 85% attendance, document plan for addressing attendance issue:** Click here to enter text.

# VII. Student and Skills Trainer Signature

All work experience outcomes included in this report, including any monthly time log for student work experience payments, has been shared and approved by both the student and the DARS Counselor.

**Student signature:**

**ESO Skills Trainer name and signature:**