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| REPORT DATE |
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Pre-ETS Group Service Delivery Outcome Report

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| STUDENT'S NAME | STUDENT'S IDENTIFICATION NUMBER |
| CONTRACTOR BUSINESS NAME | CONTRACTOR STAFF WHO PROVIDED SERVICE |
| DVR REGIONAL TRANSITION CONSULTANT (RTC) OR DESIGNEE WHO APPROVED SERVICE | SCHOOL AND GRADE LEVEL |
| STUDENT'S CAREER INTEREST | TIMELINE OF SERVICE From: To: |
| PRE-EMPLOYMENT TRANSITION SERVICES CONTRACTOR SERVICE CATEGORY <input type="checkbox"/> Pre-ETS: Work Readiness Training <input type="checkbox"/> Pre-ETS: Work-Based / Informational Interview <input type="checkbox"/> Pre-ETS: Self-Advocacy <input type="checkbox"/> Pre-ETS: Work-Based / Job Site Tour <input type="checkbox"/> Pre-ETS: Paid Work-Based Learning <input type="checkbox"/> Pre-ETS: Work-Based Learning / Job Shadow <input type="checkbox"/> Pre-ETS: Unpaid Work-Based Learning | |
| Report | |
| Work Readiness Workshop Topic(s) | Skills Acquired |
| Areas of Strength | Areas for Improvement |
| Self-Advocacy Workshop Topic(s) | Skills Acquired |
| Areas of Strength | Areas for Improvement |
| Informational Interview Location | Business Name and Type |
| Knowledge / Skills Acquired | |

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| Job Site Tour Location(s) | Business Name and Type | |
| Knowledge / Skills Acquired | | |
| Job Shadow Location(s) | Business Name and Type | |
| Knowledge / Skills Acquired | | |
| Work-Based Learning Location(s) | Business Name and Type | |
| Knowledge / Skills Acquired | | |
| <p>This document is only for reporting purposes. Invoices must be created in a separate document and submitted with this Service Delivery Outcome Report.</p> <p>I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Revised Code of Washington (RCW) Chapter 9A.72.085</p> | | |
| CONTRACTOR REPRESENTATIVE'S SIGNATURE | DATE | PRINTED NAME |