



DIVISION OF VOCATIONAL REHABILITATION (DVR)
 COMMUNITY REHABILITATION PROGRAM (CRP)
 PRE-EMPLOYMENT TRANSITION SERVICES (PETS)

PETS Work Learning Assessment B
 Service Delivery Outcome Plan

AFP NUMBER

DVR CUSTOMER	SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) XXX-XX-	CRP CONTRACTOR	CRP REPRESENTATIVE'S NAME
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SERVICE DELIVERY DATES From: To:	PROGRESS UPDATE INTERVALS
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CRP SERVICE CATEGORY
 PETS Work Learning Assessment B

NUMBER	EXPECTED OUTCOME	PURCHASE AND PAYMENT CRITERIA	COST (\$)
	<p>PETS Work Learning Assessment B: 11+ hours is intended as a one-week learning assessment only.</p> <p>It will be:</p> <ul style="list-style-type: none"> • Located at business in the community, not at the agency or at an agency-affiliated site • Intended to help student gain knowledge about grooming, attire, timeliness, and appropriate behaviors at the workplace • An opportunity for the student to gain experience in a work area of interest <p>Provider activities shall include:</p> <ul style="list-style-type: none"> • Developing the Work learning site, including negotiating work tasks with the employer • Helping student plan and/or access transportation to the site • Providing instruction and follow-along as needed • Soliciting employer feedback • Post-WBL assessment debriefing with student and VRC <p>Upon completion of a minimum of 11 hours of the Work Learning Assessment, a \$100 gift card shall be provided to the student by the CRP.</p>	<p>Payable at a fee of \$1300 (fee includes a \$100 gift card for the student) upon the Provider's completion of all CRP Work Learning B service delivery activity. CRP invoice and written report containing the information set forth under, "Expected Outcome."</p> <p>Billable hours are considered hours of direct service delivery to the client and not include report writing time.</p> <p>When providing invoice and reporting to DVR, Provider shall: 1) provide summary of activities as agreed to in the SDOP; 2) write the report in language addressed directly to the student; and 3) provide copies of the report to both the student and the student's DVR counselor.</p> <p>Provider report should include:</p> <ol style="list-style-type: none"> 1) Information gleaned in regard to interests, skills, ideal conditions of employment, and other applicable information related to the work learning assessment. 2) At least one recommendation for next steps <p>Travel time at a fixed rate of \$35 per hour in quarter-hour increments if service delivery occurs more than fifty (50) miles from the Provider's nearest staffed office location.</p>	\$1300

CUSTOMER SIGNATURE	DATE	CRP SIGNATURE	DATE	DVR SIGNATURE	DATE	TOTAL
						\$

Signature by each party indicates agreement to the contents of this plan.