



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

PETS Social Skills
 Service Delivery Outcome Plan

AFP NUMBER

DVR CUSTOMER	SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) XXX-XX-	CRP CONTRACTOR	CRP REPRESENTATIVE'S NAME
OVERALL TIME LINES From: To:	PROGRESS UPDATE INTERVALS		

CRP SERVICE CATEGORY
 PETS: Social Skills

NUMBER	EXPECTED OUTCOME	PURCHASE AND PAYMENT CRITERIA	COST (\$)			
	<p>CRP: PETS Social skills involves working with a student to help them develop and practice employment-related social and interpersonal skills.</p> <p>Upon agreement with the student and VRC, Provider activities may include:</p> <ul style="list-style-type: none"> On-the-job communication strategies, including problem solving, impact of non-verbal language, personal boundaries, etc. Accepting and giving feedback Problem-solving and conflict resolution Other employment-related social skills activities as identified by student, VRC, teacher, family 	<p>Payment of \$72 per hour for up to _____ hours upon receipt and approval of CRP Provider 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, Providers 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 shall include:</p> <ol style="list-style-type: none"> Information gleaned in regard to interests, skills, ideal conditions of employment, and other applicable information related to job exploration 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>				
CUSTOMER SIGNATURE	DATE	CRP SIGNATURE	DATE	DVR SIGNATURE	DATE	TOTAL
						\$

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