



AFP NUMBER

Service Delivery Outcome Plan: Pre-ETS IL Peer Mentoring

DVR CUSTOMER		IL CONTRACTOR		IL REPRESENTATIVE'S NAME	
SERVICE DELIVERY DATES From: To:		STAFFING INTERVALS			
NUMBER	EXPECTED OUTCOME	PARTY RESPONSIBLE	PURCHASE AND PAYMENT CRITERIA		COST (\$)
	<p>Pre-Employment Transition Services IL Peer Mentoring is designed to help a student receive peer mentoring from individuals with disabilities working in competitive integrated employment or engaged in post-secondary education or training.</p> <p>The contractor will identify an appropriate peer mentor(s) to coordinate and support peer mentoring activities.</p> <p>Specific peer mentoring areas include developing goals for mentor / mentee activities. Types of goals may include the following areas:</p> <ul style="list-style-type: none"> • Independent living • Community building • Navigating college life • Making friends on the job • Decision-making • Developing friendships • Setting boundaries <p>Specific Peer Mentoring training goals for Student First Name include:</p> <p>Student will participate in all IL Peer Monitoring activities, and will attend all scheduled meetings.</p>	<p>IL Provider</p> <p>IL Provider Student VRC</p> <p>Student</p>	<p>MAXIMUM TOTAL OUTCOME FEE:</p> <p>Fee per hour is \$72.00 for up to hours. Outcome fee paid to Contractor upon receipt of invoice and outcomes achieved as described in the Service Delivery Outcome Report (SDOR).</p> <p>Fee is based on direct student activities, and does not include report writing time.</p> <p>SDOR must be written directly to the student, and provided to both the student and DVR VRC.</p> <p>Report must include:</p> <ol style="list-style-type: none"> (1) IL Provider representative name (2) Dates and hours of all activities (3) Evidence of student skill gains in identified training areas (4) Specific recommendations for further student exploration and experience <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 contractor's nearest staffed office location.</p>		<p>\$</p> <p>\$</p>

<p>DVR counselor is responsible for approving that services are consistent with the customer's vocational assessment. This includes discussing considerations for customer health and safety that may be inconsistent with certain kinds of work, and any factors that may require additional caution due to COVID-19.</p> <p>IL provider is responsible for ensuring that any services provided in-person include protocols for health and safety, including any protocols for minimizing the spread of COVID-19.</p> <p>Customers are encouraged to speak with both IL provider and DVR counselor if they have any concerns about the health and safety risks of the site where they receive services. If the customer feels unsafe, they may let their IL provider or their DVR counselor know what is making them feel unsafe.</p>		<p>DVR</p> <p>IL Provider</p> <p>Customer</p>				
CUSTOMER/GUARDIAN SIGNATURE	DATE	IL SIGNATURE	DATE	DVR SIGNATURE	DATE	TOTAL
						\$

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