

## DIVISION OF VOCATIONAL REHABILITATION (DVR) COMMUNITY REHABILITATION PROGRAM (CRP) PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS) SERVICE DELIVERY OUTCOME PLAN (SDOP)

• <u>—</u>			
AFP NUMBER			]

of

Page

## **SDOP: Job Shadow - Pre-ETS**

DVR STUDENT	CRP CONTRACTOR	CRP REPRESENTATIVE'S NAME		
SERVICE DELIVERY DATES	PROGRESS REPORTS REQUIRED	PROGRESS REPORTS REQUIRED		
From: To:	Monthly progress reports are re	Monthly progress reports are required and must be submitted to the VRC on an SDOR.		

From: To:	m: To: Monthly progress reports are required and must be submitted to the VRC on an SDC				
EXPECTED OUTCOME	PARTY RESPONSIBLE	PURCHASE AND PAYMENT CRITERIA	COST (\$)		
Pre-Employment Transition Services Job Shadow is a hour observation at a business in the community. The should be located at a business or organization not rel connected to the CRP's own agency.  Specific CRP services include:  Developing the Job Shadow site(s) based on Stude Helping Student prepare questions for the employer	job shadow ated /  ent interests  CRP Student	MAXIMUM TOTAL OUTCOME FEE: Fee for each Job Shadow is \$134 per hour for one to five hours per job shadow. Maximum payment for each SDOP is \$1340, or up to 10 hours of Job Shadow.  Outcome fee paid to Contractor upon receipt of signed invoice and outcomes achieved as described in the	\$		
<ul> <li>Helping Student plan appropriate grooming</li> <li>Helping Student plan transportation</li> <li>Accompany Student to the site(s)</li> <li>Helping Student prepare and deliver a follow-up no</li> </ul>	to the	Service Delivery Outcome Report (SDOR).  Fee is based on direct Student activities and does not include report writing time.  SDOR must be written directly to the Student and			
<ul><li>employer</li><li>Post-Job Shadow debriefing with Student</li></ul>		provided to both the Student and VRC.			
Specific areas of interest identified by <b>Student First</b> 1. <b>Enter interest area</b>	Name:	Report must include:  1) CRP representative name			
<ul><li>2. Enter interest area</li><li>3. Enter interest area</li></ul>		<ul><li>2) Dates and hours of all activities</li><li>3) Describe Student's experiences and what they liked and disliked about each job shadowed</li></ul>			
Student will participate in all Job Shadow activities and all scheduled meetings.	d will attend Student	Specific recommendations for further Student exploration and experience			
DVR Counselor is responsible for ensuring VR service consistent with the Student's vocational assessment; t discussing considerations for Student health and safet inconsistent with certain kinds of work.	his includes	Transportation Expenses if authorized by VRC: Travel Time: Paid upon receipt of signed invoice and a written report on the Service Delivery Outcome Report (SDOR) documenting distance driven, beginning time and arrival time at destination. When authorized, travel time is paid at a fixed rate of \$37 per hour in quarter-hour increments if service delivery occurs more than fifty (50) miles from the Contractor's nearest staffed office location.	\$		

CRP provider is responsible for ensuring the Student understands any health and safety risks associated with each specific employment setting and/or service delivery site, and that the Student is adequately trained to mitigate those risks.	CRP	Mileage: Paid upon receipt of signed invoice and a written report on the Service Delivery Outcome Report (SDOR) documenting beginning address, destination address, and number of miles being billed. Mileage will be paid at the current state rate determined by the Office of Financial Management.  Other Transportation Expenses: Such as Ferry System, toll fares, etc. will be paid upon receipt of signed invoice, receipts, and a written report on the Service Delivery Outcome Report (SDOR) documenting the reason for the expense.			\$
Students are encouraged to speak with their CRP provider, DVR Counselor, and/or employer if they feel unsafe and/or have any concerns about the health and safety risks at the site where they receive services. It is the employer's responsibility under Washington state law to provide a safe workplace.	Student				\$
STUDENT / LEGAL GUARDIAN SIGNATURE DATE CRP SIGNATURE	<u>.</u>	DATE	DVR SIGNATURE	DATE	TOTAL \$

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