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| Transforming Lives | DIVISION OF VOCATIONAL REHABILITATION (DVR)COMMUNITY REHABILITATION PROGRAM (CRP)PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS)**Service Delivery Outcome Plan: Pre-ETS Job Shadow** | Page     of     |
| AFP NUMBER |
| DVR CUSTOMER | CRP CONTRACTOR | CRP REPRESENTATIVE’S NAME |
| SERVICE DELIVERY DATESFrom:To: | PROGRESS REPORTS REQUIRED**The contractor shall provide monthly progress updates to be submitted to the VRC in an SDOR.** |
| **NUMBER** | **EXPECTED OUTCOME** | **PARTY RESPONSIBLE** | **PURCHASE AND PAYMENT CRITERIA** | **COST ($)** |
|  | Pre-Employment Transition Services Job Shadow is a one to five-hour observation at a business in the community. The job shadow should be located at a business or organization not related / connected to the CRP’s own agency. |  | **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 $1340, or up to 10 hours of Job Shadow.Outcome fee paid to Contractor upon receipt of invoice and outcomes achieved as described in the Service Delivery Outcome Report (SDOR). Fee is based on direct student activities, and does not include report writing time.SDOR must be written directly to the student, and provided to both the student and DVR VRC.Report must include:1. CRP representative name
2. Dates and hours of all activities
3. Describe Student’s experiences and what they liked and disliked about each job shadowed
4. Specific recommendations for further student exploration and experience
 | **$** |
|  | Specific CRP services include:* Developing the Job Shadow site(s) based on student interests
* Helping student prepare questions for the employer
* Helping student plan appropriate grooming
* Helping student plan transportation
* Accompany student to the site(s)
* Helping student prepare and deliver a follow-up note to the employer
* Post-Job Shadow debriefing with student

Specific areas of interest identified by**Student First Name:**1.  **Enter interest area**2. **Enter interest area**3. **Enter interest area** | **CRP****Student****VRC** |
|  | Student will participate in all Job Shadow activities, and will attend all scheduled meetings. | **Student** |
|  | 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. | **DVR** | Transportation Expenses if authorized by VRC:Travel Time: Paid upon receipt of invoice and a written report on the Service Delivery Outcome Report (SDOR) documenting distance driven, beginning time and arrival time at destination at the rate of $37 per hour billed in 15 minute increments if actual service delivery occurs more than 50 miles from CRP’s nearest staffed office location. | **$** |

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|  | CRP 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. CRP is also responsible to support the customer in understanding the health and safety risks that may be associated with the specific employment settings explored while providing services. | **CRP** | Mileage: Paid upon receipt of 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. | **$** |
|  | Customers are encouraged to speak with both CRP and DVR counselor if they have any concerns about the health and safety risks of the site where they receive services. If the customer feels unsafe, they may let their CRP or their DVR counselor know what is making them feel unsafe. | **Customer** | Other Transportation Expenses: Such as Ferry System, toll fares, etc. will be paid upon receipt of invoice, receipts, and a written report on the Service Delivery Outcome Report (SDOR) documenting the reason for the expense. | **$** |
| CUSTOMER / LEGAL GUARDIAN SIGNATURE DATE | CRP SIGNATURE DATE | DVR SIGNATURE DATE | TOTAL**$** |
| **Signature by each party indicates agreement to the contents of this plan.** |