

PRE-EMPLOYMENT TRANSITION SERVICES: TRI-EMPLOYMENT PROGRAM

I. <u>PURPOSE OF SERVICE</u>:

The Tri-Employment Program is a six-month after-school program that provides work readiness training for students with disabilities who are applicants or non-applicants to ORS. These work readiness opportunities are designed to engage and expose students to the interpersonal, supervisory, and performance expectations of work.

II. **PROGRAM ELEMENTS:**

Students are recruited for the Tri-Employment Program with the assistance of school personnel. Parental permission and necessary records are obtained as well. The program operates for 20 weeks during the school year. The program involves workshops for students to learn more about work settings, communication while at work and the skills needed to be successfully employed. Students have an opportunity to practice the interpersonal and work skills learned through ten hours per week paid integrated work experience. While in the integrated work environment, students continue to have support around understanding work demands and performance expectations. Performance reports and student conferences are completed toward the conclusion of the program.

III. EXPECTED OUTCOMES:

- 1. To learn about the demands of a work schedule.
- 2. To develop communication skills appropriate to a work setting.
- 3. To build confidence by experiencing success with job tasks.
- 4. To develop an appropriate job goal and identify supports needed to maintain employment.
- 5. To secure potential permanent employment outcome.

IV. <u>STEPS FOR IMPLEMENTATION</u>:

- 1. ORS discusses referral with student, teacher, and parent, facilitates a signed release of information, completes the Referral Form, and generates an authorization for PRE-ETS TRI-EMPLOYMENT SERVICES. Once the student attends the first-class ORS will approve **First Payment**.
- 2. The CRP accepts the referral, provides services, and completes report about student's work experience.
- 3. The CRP schedules a conference with the student, (parent if necessary), the CRP, LEA, and the ORS counselor to review the report and identify support needs/recommendations. This meeting will occur in April/May. **Second Payment** occurs at the time of Placement.
- 4. **Final Bill** and report are forwarded to counselor within 2 weeks of completion of program/conference.

V. <u>PRE-EMPLOYMENT TRANSITION SERVICES:</u>

- 1. Category of Required PRE-ETS Service: Work Place Readiness
- 2. Service Code: PRE-ETS TRI-EMPLOYMENT PROGRAM
- 3. Fee: \$3,150.00

Revised 4/28/2021

(VENDOR LETTERHEAD)

PRE-EMPLOYMENT TRANSITION SERVICES TRI-EMPLOYMENT PROGRAM

Agency Name: <u>Click here to enter text.</u>

ORS Counselor: <u>Click here to enter text.</u>

Dates of Participation: Click here to enter.

Agency Staff: <u>Click here to enter text.</u> Authorization #: <u>Click here to enter text.</u> Final Report Date: <u>Click here to enter text.</u>

Customer Name:

I. Work Readiness Topics Covered

Click here to enter text.

II. Work Experience(s):

Work Site Information Job Title/Tasks Performed: Click here to enter text. **Duration at Site:** Click here **O*NET/DOT** Schedule: Click here to Click here to enter to enter text. enter text. : text. **Performance Findings Quality of Work** Click here to enter text. Click here to enter text. **Productivity Rate of Skill Development** Click here to enter text. Participated Click here. out of Click here days Attendance **Relationship with Co-Workers** Click here to enter text. Click here to enter text. **Punctuality Relationship with Supervisors** Click here to enter text. Level of Initiative Click here to enter text. **Job Site Supports** Click here to enter text. **Accommodations Needed** Click here to enter text. **Uses Good Judgment** Click here to enter text. **Comments/Overall** Click here to enter text. Performance

Revised 4/28/2021

III. Transportation:

| How did consumer get to worksite? | Click here to enter text. |
|---|---------------------------|
| Can consumer independently ride the bus? Training needed? | Click here to enter text. |
| Do they utilize RIDE? Do they have a driver's license or access to a car? | Click here to enter text. |
| Comments | Click here to enter text. |

IV. Career Information:

| What is consumer's stated career goal? | Click here to enter text. |
|---|---------------------------|
| Are they interested in pursuing employment in the field they worked in this summer? | Click here to enter text. |
| Comments | Click here to enter text. |

V. Conclusions:

Click here to enter text.

VI. Recommendations:

Click here to enter text.

Signature: _____

Date: _____

Title: <u>Click here to enter text</u>.

Agency: <u>Click here to enter text</u>.