Pre-Employment Transition Services (Pre-ETS) Attendance and Progress Report

Student/ID#:			Counselor:					
Vendor:			Instructor of Pre-ETS activities:					
			Month of: _					
				Attenda	nce			
Facilit	☐ In-per☐ Virtu	rson trainir al training nbination (and virtual tra	ining			
• For a Read	each day, enter diness Training	the number =WR, Post- sent for the a	of sessions c Secondary O	completed and topportunities Tr	c) of Sunday througher Pre-ETS active raining=PS or Selection and the day missed. References	rity (Job Explor f-Advocacy=S	ration=JE, Wo A) provided.	orkplace
Week 1	Date (Sun-Sat)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
3								
5								
J	ob Exploratio	on Counseli		S activity, stu	dent participa	ted in:		
	Workplace Re		·•					
	Postsecondary Self-Advocacy							
By signin	g below, I cer	tify that I a	attended the	noted sessions	s, on the above	dates.		
Student's signature:				Date:				

Student's Performance

Instructions: Use the scale to rate the student's overall performance.

	Excellent	Satisfactory	Improvement Needed	Not Applicable
Ability to learn				
Punctuality				
Appropriate hygiene/grooming				
Appropriate interaction with peers				
Ability to work with others on a team				
Ability to work independently				
Attention to task/concentration				
Responsive to constructive feedback				
Follows written instructions				
Follows oral instructions				
Student Engagement				

Instructions: An	iswer in paragrapl	h form. Leave no	blanks. Enter N	/A if not applicable.
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Identify any challenges/area of improvement.

Describe the level of student participation and performance in the Pre-ETS activities.

Additional Comments (i.e. performance issues, concerns, clarifications)

By signing below, I certify that:

- The above dates, times, and Pre-ETS activities are accurate;
- I personally facilitated the Pre-ETS activities.

Instructor's Signature:	Date:	