Intake Plan Meeting Date:

Intake Plan Start Time:

Intake Plan End Time:

Vendor Company Name:

Vendor Representative’s Name:

VR Participant Name:

VR Counselor Name:

DVR Purchase Order #:

Vocational Goal:

VR Counselor’s Referral question(s) or concerns:

VR Participant’s accommodation and/or Assistive Technology needs necessary for successful completion of the service objectives:

Legal Issues:

VWATS - Adult is needed to assist the VR Participant in achieving the core work readiness/employability skill objectives identified below by the following anticipated completion date:

**1. SPECIFIC SERVICE OBJECTIVES**

Using the Vocational and Work Adjustment Training Services Skills Appraisal Guide (Exhibit G1), in addition to clear and measurable terms, describe specific services needed for each core work readiness/employability skills objectives identified below for the VR Participant to obtain and maintain competitive employment.

**Mobility**

Training Necessary [ ]  Yes [ ]  No

Starting Standard:

Anticipated Number of Hours:

Details of Services Needed:

**Communication**

Training Necessary [ ]  Yes [ ]  No

Starting Standard:

Anticipated Number of Hours:

Details of Services Needed:

**Personal Care**

Training Necessary [ ]  Yes [ ]  No

Starting Standard:

Anticipated Number of Hours:

Details of Services Needed:

**Self-Direction**

Training Necessary [ ]  Yes [ ]  No

Starting Standard:

Anticipated Number of Hours:

Details of Services Needed:

**Interpersonal Skills**

Training Necessary [ ]  Yes [ ]  No

Starting Standard:

Anticipated Number of Hours:

Details of Services Needed:

**Work Tolerance**

Training Necessary [ ]  Yes [ ]  No

Starting Standard:

Anticipated Number of Hours:

Details of Services Needed:

**Work Skills**

Training Necessary [ ]  Yes [ ]  No

Starting Standard:

Anticipated Number of Hours:

Details of Services Needed:

**2. WORK BASED LEARNING EXPERIENCE (WBLE):**

Is it anticipated that a WBLE will be needed after the VR Participant completes the above core work readiness employability skills objectives?

[ ]  Yes [ ]  No [ ]  To Be Determined Prior to Completion of Curriculum

Additional Comments, if applicable:

**2. OUTCOME OF THE SERVICE PLANNING MEETING**

Check one:

[ ]  Vendor accepts referral and agrees to begin services within 10 business days from the Intake Plan meeting

[ ]  Vendor or VR Participant declines referral. Explain why:

[ ]  VR Participant and/or VR Counselor was a “no-show” for Intake Plan meeting

[ ]  Revised Intake Plan

If unable to start service within 10 business days, please explain why:

VR Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

VR Participant Guardian/Representative Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

Other (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Vendor Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

VR Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: