

**PRE-ETS EMPLOYMENT TRANSITION SERVICES
PRE-ETS AFTERSCHOOL TRI-EMPLOYMENT PROGRAM (WBLE)**

Agency Name: _____ Agency Staff: _____
ORS Counselor: _____ Authorization #: _____
Dates of Participation: _____ Final Report Date: _____

Customer Name: _____

I. Work Readiness Topics Covered

II. Work Experience(s):

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

III. Transportation:

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

IV. Career Information:

What is consumer's stated career goal?	
Are they interested in pursuing employment in the field they worked in this summer?	
Comments	

V. Conclusions:

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VI. Recommendations:

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Signature: _____

Date: _____

Title: _____

Agency: _____