



"People helping people help themselves"

Vocational Rehabilitation Services

Pre-ETS Service Report – Group Session with 8 or more students

Provider Name (check one):

- Aspire, Bona Vista, Easter Seals Crossroads, ES ARC, New Horizons, Opportunity Enterprises, PEAK Community Services, Stone Belt, Sycamore Services

Service Date (mm/dd/yyyy):

Total number of students in attendance:

Service categories (check all that were provided in the group session, and time spent per service category):

- Job exploration counseling, Work-based learning experiences, Workplace readiness, Instruction in self-advocacy, Counseling on opportunities for enrollment in postsecondary education

NOTE: Actual billable time in total minutes per category should be noted. For purposes of monthly billing, the total number of minutes billed per group session, per category, per month shall be added, and any fraction of the total that is 15 minutes or more may be rounded up to the nearest one-half hour total

Activities per service category:

Job exploration counseling

Four horizontal lines for notes under Job exploration counseling

Work-based learning experiences

Four horizontal lines for notes under Work-based learning experiences



Workplace readiness

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Instruction in self-advocacy

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Counseling on opportunities for enrollment in postsecondary education

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List of consumers served:

1. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_  
Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_  
Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_  
Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_  
Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
5. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_  
Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
6. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_  
Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
7. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_  
Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_



Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

10. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

11. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

12. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

13. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

14. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

15. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

16. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

17. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

18. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

19. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

20. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

21. Consumer Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Consumer Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

