

District or EDS name



Monthly Summary of Pre-Employment Transition Services

OREGON DEPARTMENT OF
Human Services

MONTH/YEAR:

Student Full Name:		PID:	
Transition Specialist:			

This is the required monthly summary for Pre-ETS provided to students.

Note: Upload quality documentation that can be helpful to VR in determining future services for a student. **Arrangement of a Pre-ETS is included only once a Pre-ETS is delivered.**

Examples for proof: resume, T:Folio outcomes, or career inventory survey. Do **not** include photos of student, screenshots of appointments, or text messages. **NEVER** include any other students name or information in this document or proof of service documents.

Pre-ETS Category:	<input type="checkbox"/> Job Exploration Counseling <input type="checkbox"/> Not utilized this month
Date(s) of Service:	

Progress Notes:

Activity/Service delivered: What service was delivered? How was it delivered – was it in a group setting, and if so, how did the specific student participate? What support did they require?

Summary/Outcome: What was the purpose of the service? Provide detail about what the student learned from the service.

Next steps for the student: What will the student be working on next to further their goal(s), or is this the completion of this Pre-ETS at this time? What was the student's feedback?

Total time (include arrangement, direct service, travel time, documentation):	
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