



# Pre-Employment Transition Monthly Services Report

Student:

County:

School:

Grade:

Agency:

Month:

Year:

## Service

Job Exploration Counseling:

Units:

Job Shadowing

Units:

Work-Based Learning Experiences:

In-School

Location:

Units:

After-School/Weekends

Location:

Units:

Internships

Location:

Units:

Counseling On Opportunities for Enrollment In:

Postsecondary Education Programs

Units:

Other Opportunities (VR, Job Corp, Military, etc.)

Units:

Workplace Readiness Training In:

Social/Job Specific Skills

Units:

Independent Living Skills

Units:

Self-Advocacy Instruction:

Units:

I certify that the information contained herein is true and accurately reflects actual time spent providing Pre-Employment Transition Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_