# Department of Labor

**DIVISION OF VOCATIONAL REHABILITATION**

**Employment Readiness Training Agreement**

***This form is to be sent by the VR counselor to vendor accompanied by a referral form and authorization to receive payment.***

Name of Consumer:

Provider:

DVR Counselor:

## Specific areas to be addressed within 4-week classroom training/4-week community-based work experience:

|  |  |
| --- | --- |
| Topics | Prioritize Top 5 (1 = Highest) |
| ***Time Management*** |  |
| ***Goal Setting*** |  |
| ***Changing Unchanging Unproductive Patterns of Behavior, Thinking and***  ***Feeling*** |  |
| ***Problem Solving*** |  |
| ***Assertiveness Training*** |  |
| ***Active Listening*** |  |
| ***Proactive and Responsive Communication*** |  |
| ***Conflict Resolution*** |  |
| ***Financial Management*** |  |
| ***Diet, Exercise and Recreation*** |  |
| ***Sleep Hygiene*** |  |
| ***Family Education*** |  |
| ***Relaxation Techniques*** |  |

## Comments:

Consumer Signature Date/Time Field

Vendor (Sign and Print)

Date/Time Field

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VR Counselor Signature

Date/Time Field