

**Department of Labor  
DIVISION OF VOCATIONAL REHABILITATION  
Employment Readiness  
Training Agreement**

Name of Consumer: \_\_\_\_\_

Provider: \_\_\_\_\_

DVR Counselor: \_\_\_\_\_

**Specific areas to be addressed within training:**

1.

2.

3.

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

**Comments:**

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date/Time Field

\_\_\_\_\_  
Provider (Sign and Print)

\_\_\_\_\_  
Date/Time Field

\_\_\_\_\_  
VR Counselor Signature

\_\_\_\_\_  
Date/Time Field