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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Report for Vocational Evaluation** |
| **General Instructions**  |
| **Follow** **the instructions below when completing this form.**  * Complete the form electronically (on the computer) and answer all questions.
* Write summaries in paragraph form in clear, descriptive English. Leave no blanks. Enter N/A if not applicable..
* Print the form, obtain signatures, and submit.
* Make certain that all standards are met before submitting this form with an invoice for payment..

**Note:** Vocational Evaluations **cannot** be done remotely.   |
| **Provider Information**  |
| **Provider Name:**       | **Service Authorization Number**:       |
| **Return Report To**   |
| **Counselor Name:**       | **Address:**       |
| **City**:       | **State:**       | **ZIP:**       |
| **Customer Information**  |
| **Customer Name:**       | **Case ID:**       |
| **Date of Birth:**        | **Customer Address:**       |
| **City:**       | **State:**       | **ZIP Code:**       |
| **Telephone:** (   )       | **Email:**       |
| **Attendance**  |
| **Instructions:** * For each week of the evaluation, enter the date (mm/dd/yy) of Monday through Sunday in the date column.
* For each day of the week, record the number of hour(s) the Customer participated in the evaluation.
* If Customer is absent from the evaluation, record an “A” for the day missed.
* Notify the counselor immediately when the Customer is absent.
* Total the number of hours that the Customer attended the evaluation.
 |
| **Week** | **Date** (Mon-Sun) | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| 1 |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |
| **Total number of hours Customer participated in the Evaluation**:       |
| **Assessments Administered** |
| **List each standardized test administered and the results of each test (including a summary of strengths and limitations):**       |
| **If administered, list any work sample performed and describe the results of each work sample:**       |
| **Evaluation Summary**   |
| **Report case history information (including educational background, employment history, medical history, social history,****psychological and/or emotional history and current stability, daily living activities, and independent living skills):**       |
| **Description of the customer’s cognitive abilities:**      |
| **Description of the customer’s academic achievements (grade level) in reading, writing, spelling, and mathematics:**      |
| **Description of the customer’s physical abilities:**      |
| **Description of the customer’s sensory abilities (identify preferred learning style):**      |
| **Description of the customer’s aptitudes, vocational interests, and areas recommended for vocational exploration**  **(addressing compatibility of interests to measured skills and abilities):**      |
| **List behavioral observations and work habits:**      |
| **Description of potential training and educational options that match the customer’s capabilities:**      |
| **Description of the customer’s potential for competitive integrated employment or the reasons that competitive integrated employment**  **is not appropriate:**      |
| **Job recommendations related to the current job market using the Standard Occupational Classification (SOC) codes**  **for the customer’s geographic area:**      |
| **List specific job modifications and/or accommodations necessary to achieve the employment goal:**      |
| **Description of any additional implications for the workplace:**      |
| **Recommendations** |
| **List any other evaluations that may be needed and explain reason for recommendation**  **(for example, psychological, medical, assistive technology, etc.):**      |
| **List any potential VR Services that the customer may benefit from (for example, work readiness services, work experience services,**  **vocational training, job placement services, supported employment services):**      |
| **Response to Referral Questions**(in narrative format address the following areas) |
| **Response to the specific referral questions:**      |
| **If a feedback session was requested by the VR counselor, list the date of the feedback session and what was reviewed:**      |
| **Signatures** |
| **Vocational Evaluator Aide Signature** (Required for anyone who assisted in administering the evaluation)  |
| **By signing below, I, the Vocational Evaluator Aide(s), certify that:*** I maintain the staff qualifications required for a Vocational Evaluator Aide as described in the  TWC VR Standards for Providers or Service Authorization. I worked under the supervision of the Vocational Evaluator.
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| **Typed or Printed name**:      | **Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |

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| **Vocational Evaluator Signature (Required for all providers)** |
| **By signing below, I, the Vocational Evaluator, certify that:** * the above dates, times, and services are accurate;
* I remained onsite to supervise all services and vocational evaluator aides  maintaining the required ratios as stated in the TWC VR Standards for Providers;
* a minimum of two hours and no more than six hours of assessment each day was provided;
* I personally conducted/supervised the assessment and prepared this form;
* allOutcomes Required for Payment, as described in the TWC VR Standards for Providers and Service Authorization(s) are met;;
* I and any aides maintain the staff qualifications required as described in the TWC VR Standards for Providers or Service Authorization; and
* I signed and the dated below.
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| **Typed or Printed name**:      | **Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |

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| **Director Credentials and Signature** |
| **Required for Traditional-Bilateral Contractors****By signing below, I, the Director, certify that:** * I signed and the dated below;
* I ensure that the staff meets the qualifications and met the requirements in the Standards when delivering the service; and
* I maintain the staff qualifications, including the UNTWISE credential, required for a Director,  as described in TWC VR Standards for Providers and/or Service Authorization.
 |
| **Qualifications** | **Proof of Qualification** | **Verified by TWS-VRS** |
| UNTWISE Director Credential:   | UNTWISE Credential Number:       if no,[ ]  VR3490-Waiver Proof Attached |  [ ]  Yes [ ]  No [ ]  N/A |

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| **Typed or Printed name**:      | **Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |

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| **Select all that apply:** [ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached |

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| **Technical Review to Verify Provider Qualifications**(Completed by any VR staff such as RA, CSC, VR Counselor)   |

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| **Director’s Credential:**   |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:  [ ]  maintained or waived the UNTWISE Director Credential [ ]  did **not** hold a valid UNTWISE Director Credential |

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| **Verification of Service Delivery**  |
| **Technical Review** (completed by any VR staff such as RA, CSC, VR Counselor)   |
| Verified that the report is accurately completed per form instructions | [ ]  Yes [ ]  No |
| Verified that the service(s) was provided within service date of SA and as stated in the VR Standards for Providers and/or the SA | [ ]  Yes [ ]  No |
| When applicable, verify a copy of an approved VR3472 is attached to the report? | [ ]  N/A  | [ ]  Yes [ ]  No |
| Verified that the form indicates results of evaluator findings and observations specified in the service description | [ ]  Yes [ ]  No |
| Verified that the form indicates specific job modifications and/or accommodations | [ ]  Yes [ ]  No |
| Verified that the appropriate fee(s) was invoiced | [ ]  Yes [ ]  No |
| **Print staff member(s) names who completed technical review and/or verified the UNTWISE Credentials:** |
| 1.        | Date:       | 2.        | Date:       |
| **VR Counselor Review**  |
| Verified the customer received necessary accommodations, supplies and resources; various instructional approaches were used; and the customer has the ability to use compensatory techniques to increase ability to perform task and skills   | [ ]  Yes [ ]  No |
| Verified that the form indicates potential for competitive integrated employment, or when applicable, reasonscompetitive integrated employment is not appropriate  | [ ]  Yes [ ]  No |
| Verified that the form indicates specific training options that match the customer’s capabilities | [ ]  Yes [ ]  No |
| When requested on the VR1836, Vocational Assessment Referral or service authorization, verify a feedback session to review  the customer’s vocational interests, strengths, challenges, and recommendations with the customer,  customer’s representative, if any, and VR counselor was be completed | [ ]  Yes [ ]  No |
| Verified that the form indicates job recommendations related to the current job market using the Standard Occupational Classification  codes for the customer's geographic area | [ ]  Yes [ ]  No |
| Verified that the report identifies appropriate and inappropriate behaviors using existing records, personal observations,  and conversations with the VR counselor, customer, family members, and others | [ ]  Yes [ ]  No |
| **By typing or printing your name, the VRC verifies:** * completion of the technical review,
* services provided met the customer’s individual needs,
* services provided met specifications in the VR-SFP and on the SA, and
* customer’s or legally authorized representative’s satisfaction with services received.

[ ]  **Approve to pay invoice** [ ]  **Do not approve to pay invoice** |
| VR Counselor:        | Date:       |