



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:
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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.

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;
- all Outcomes 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.

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, <input type="checkbox"/> VR3490-Waiver Proof Attached	Yes	No	N/A

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

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

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

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	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:
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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, reasons competitive 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
<p>By typing or printing your name, the VRC verifies:</p> <ul style="list-style-type: none"> • 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. <p style="text-align: center;">Approve to pay invoice Do not approve to pay invoice</p>		
VR Counselor:	Date:	