



### Time Spent on Assessment

**Total time spent on indirect hours**

(Add all the indirect time from the Time Log above, but do not exceed the eight hours of indirect time).

**Total time spent on direct hours**

(Add all the direct time from the Time Log above, but do not enter less than the 12 hours of direct time)

**Total time spent on assessment**

(Add time spent directly and indirectly. At least 20 hours are required for payment)

### Work Environments Assessed

List the three environments that were assessed. For more information, refer to [VR Standards for Providers 4.5 Environmental Work Assessment](#).

**First work environment:**

**Second work environment:**

**Third work environment:**

### Signatures

**Note to the customer or legally authorized representative:**

By signing below, you are certifying that you are satisfied and that the dates, times, and services are accurate. If you are not satisfied, contact your VR counselor and do not sign this document.

Customer's signature:

**X**

Date:

Signature of legally authorized representative, if any:

**X**

Date:

I, the provider, certify that:

- the above dates, times and services are accurate;
- I personally provided all services recorded on the VR1878;
- I documented the services and information described above in the report;
- I provided no more than 8 indirect hours and no less than 12 direct hours;
- I provided no less than 20 total hours;
- I assessed three work environments;
- the signature of the customer or the customer's legally authorized representative was obtained on the date stated in the date field form; and
- I handwrote my signature and the date on this form.

Name of the provider:

Signature of provider:

**X**

Date: