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| Texas Workforce Solutions logo | Texas Workforce Commission  **Vocational Rehabilitation Services**  **Assistive Technology Evaluation** | | | | | | | |
| **Instructions** | | | | | | | | |
| Submit to the customer’s counselor or case manager and employment assistance specialist (EAS)when the customer has completed the evaluation. Email is preferred.    **Note:** AT evaluations cannot be provided remotely. | | | | | | | | |
| **General Information** | | | | | | | | |
| **Facility:** | | **Customer first name:**       **Last initial:** | | | | | | |
| **Evaluator:** | | **Vocational goal:** | | | | | | |
| **Counselor name:** | | **Type of evaluation:** | | | | | | |
| **VR caseload number:** | | **Date of evaluation:** | | | | | | |
| **Service authorization number:** | | **Case ID number (CID):** | | | | | | |
| Assistive Technology | | | | | | | | |
| **Assistive technology evaluations must be completed using two competing products. List the specific assistive technology products you used to complete the evaluation (below):** | | | | | | | | |
|  | | | | | | | | |
| **Interview Process—All Evaluations** | | | | | | | | |
| **Describe the customer’s work/school circumstances:** | | | | | | | | |
| **What is the customer’s current occupation including work-related tasks, or occupational goals?** | | | | | | | | |
| **What work-related or personal changes does the customer anticipate may affect the customer’s position or job-related tasks and goals?** | | | | | | | | |
| **Describe any samples of materials used by the customer at work or school you used for the evaluation.** | | | | | | | | |
| **If the customer is a student, provide the information you collected about the following, or indicate the information was in the referral documentation the counselor or case manager sent to you:** | | | | | | | | |
| **The customer’s academic plans:** | | | | | | | | |
| **The customer’s degree program or course work:** | | | | | | | | |
| **The current customer’s year of school and anticipated graduation date:** | | | | | | | | |
| **Required or anticipated tasks, such as note taking, reading, etc.:** | | | | | | | | |
| **An assessment of how the customer is currently handling required tasks:** | | | | | | | | |
| **Description** (Select Yes, No, or Not Applicable) | | | | **Yes** | **No** | **N/A** | | **Comments** |
| **Enter the information you collected during the CCTV evaluation interview:** | | | | | | | | |
| Is color identification critical to the customer’s job performance? | | | |  |  |  | |  |
| Does the customer use a computer on the job site or at home? | | | |  |  |  | |  |
| **Enter the information you collected during the scanner evaluation interviews:** | | | | | | | | |
| Did you explain the reason for a scanner evaluation? Describe | | | |  |  |  | |  |
| Did you ask if the customer is aware of other resources? Describe | | | |  |  |  | |  |
| Will the customer enter scanned documents into the computer? | | | |  |  |  | |  |
| Will the customer use the computer to manipulate scanned documents? | | | |  |  |  | |  |
| Does the customer have any needs for computer access in terms of speech or Braille access? | | | |  |  |  | |  |
| Does the customer have sample materials that need to be scanned? | | | |  |  |  | |  |
| **Interview Process—Computer Applications** | | | | | | | | |
| Indicate how you addressed the following issues during interviews for screen magnification devices, refreshable braille PC screen access devices, and screen review systems: | | | | | | | | |
| For a customer using a computer in his/her employment? | | | Comments: | | | | | |
| The type of computer the customer is using? | | | Comments: | | | | | |
| Any software? | | | Comments: | | | | | |
| Any access equipment currently being used by the customer? | | | Comments: | | | | | |
| Discussion regarding job tasks and performance expectations? | | | Comments: | | | | | |
| **A determination of the customer’s skill level for:** | | | | | | | | |
| Typing speed? | | | Comments: | | | | | |
| Accuracy? | | | Comments: | | | | | |
| Keyboard familiarity? | | | Comments: | | | | | |
| **For customer with previous computer experience:** | | | | | | | | |
| Type of computer? | | | Comments: | | | | | |
| Software? | | | Comments: | | | | | |
| When and where the customer gained the previous experience? | | | Comments: | | | | | |
| Previous experience acquired before the loss of vision? | | | Comments: | | | | | |
| **Describe any previous experience the customer has with:** | | | | | | | | |
| Computer access equipment? | | | Comments: | | | | | |
| Video magnifiers or similar devices? | | | Comments: | | | | | |
| Computer braille devices? | | | Comments: | | | | | |
| Refreshable braille PC screen access devices? | | | Comments: | | | | | |
| Synthesized speech devices? | | | Comments: | | | | | |
| **Customer Performance** | | | | | | | | |
| 1. **Describe the customer’s keyboarding skills** (familiarity with the keyboard, typing speed (if assessed), ability to find keys by touch, etc.)**:** | | | | | | | | |
| 1. **Describe the physical environment during the evaluation, and any effect it had on the customer’s vision (lighting, glare, etc.):** | | | | | | | | |
| 1. **List or describe the sample materials the customer brought from home, work, or school, and used at the evaluation:** | | | | | | | | |
| 1. **Does the customer have any low vision aids?**   Yes  No | | | | | | | | |
| 1. **Describe the extent to which the customer uses low-vision aids available to him or her:**         N/A | | | | | | | | |
| 1. **Describe any assistive techniques you saw the customer use to improve what he or she could see:**         N/A | | | | | | | | |
| 1. **If the customer is blind (no light perception or no functional vision), describe how the customer takes notes, reads, writes, and performs other daily living skills:**         N/A | | | | | | | | |
| 1. **If braille is the customer’s primary literacy medium, describe the customer’s braille reading speed:**         N/A | | | | | | | | |
| Customer Interview Process | | | | | | | | |
| We discussed, and/or I verified, the following information at the customer interview: | | | | | | | | |
| 1. **The customer and I discussed the goals of the evaluation:**    Yes  No   **The goals of the evaluation were as follows:** | | | | | | | | |
| 1. **I (the evaluator) conducted a private interview with the customer to review the customer’s background and other referral information, including the EAS report, provided by the counselor at referral.**   Yes  No   **The following additional information was provided during the interview:**         N/A | | | | | | | | |
| 1. **The customer verified the referral information is correct, or indicated where information was missing or incorrect:**   Yes  No  **The following missing information was added:**         N/A  **The following information was corrected:**         N/A | | | | | | | | |
| 1. **The customer verified the referral information about the customer’s known functional limitations is correct:**    Yes  No   **The following information regarding the customer’s known functional limitations was corrected:**         N/A | | | | | | | | |
| 1. **The referral information described all the customer’s physical limitations, secondary disabilities, or conditions that might interfere with the customer’s evaluation or future training:**      Yes  No   **The following additional physical limitations, secondary disabilities, or conditions that might interfere with the customer’s evaluation or future training were identified:**        N/A | | | | | | | | |
| 1. **The customer and I discussed the evaluation, the evaluation equipment, and training recommendations:**    Yes  No | | | | | | | | |
| 1. **I explained how the evaluation report is used by the counselor to help determine whether to purchase assistive technology, and if so, which technology to purchase.**      Yes  No | | | | | | | | |
| 1. **I informed the customer that the counselor would determine whether to purchase equipment, and which equipment to purchase based on the report**:      Yes  No | | | | | | | | |
| 1. **I summarized my interview findings with the customer:**    Yes  No | | | | | | | | |
| 1. **I observed the customer’s ability to use and benefit from the equipment I recommended:**   Yes  No | | | | | | | | |
| 1. **I gave the customer an opportunity to ask questions about the evaluation before, during, and after the evaluation:**   Yes  No | | | | | | | | |
| 1. **The customer and I discussed the goals of the evaluation:**    Yes  No   **The goals of the evaluation were as follows:** | | | | | | | | |
| **List any equipment problems that occurred during the evaluation.** | | | | | | | | |
| 1. **Computer:**        N/A | | | | | | | | |
| 1. **Monitor:**        N/A | | | | | | | | |
| 1. **Printer:**        N/A | | | | | | | | |
| 1. **Software:**        N/A | | | | | | | | |
| 1. **Optical Character Reader (OCR) or scanner:**        N/A | | | | | | | | |
| **Other:**        N/A | | | | | | | | |
| **Service Limitations** | | | | | | | | |
| **I did not make any recommendations or discuss additional training time, equipment, or software upgrades with the customer or in the customer’s presence.** | | | | | | | | |
| **I did not show the customer any products not indicated on the Employment Assistance Services (EAS) Consultation Report.** | | | | | | | | |
| **I did not allow anyone to observe the customer’s evaluation without the customer’s expressed permission.** | | | | | | | | |
| **I did not allow any observer to ask questions or make suggestions or comments during the evaluation process.** | | | | | | | | |
| **I did not install programs or equipment on the customer’s computer system without prior written approval from the customer’s counselor or case manager.** | | | | | | | | |
| **I did not solicit training, consultation, or referrals from the customer.** | | | | | | | | |
| **Training Recommendations** | | | | | | | | |
| **I recommend training on the following equipment:** | | | | | | | | |
| **To Be Completed by Provider** | | | | | | | | |
| **Services provided by (business name):** | | | | | | | **Date:** | |
| **Report completed by (evaluator):** | | | | | | | **Date:** | |

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| **Provider Signatures** | | | | | |
| Assistive Technology Trainer **Signature (Required for all providers)** | | | | | |
| **By signing below, I certify that:**   * the above dates, times, and services are accurate; * I personally facilitated all training, meeting all outcomes required for payment and documented the service, as prescribed in the VR-SFP and service authorization; * Verification of the customer’s satisfaction and service delivery obtained as stated above; * I maintain the staff qualifications required for an Assistive Technology Trainer as described in the VR‑SFP or Service Authorization; and * I signed my signature and entered the date below. | | | | | |
| **Typed or Printed name**: | **Signature:**  (See VR-SFP 3 on Signatures)  **X** | | | | **Date Signed**: |
| **Director** (only required for Traditional-Bilateral Contractors) | | | | | |
| **By signing below, I, the Director, certify that:**   * I ensure that the services were provided by qualified staff, met all outcomes required for payment, and services were documented, as prescribed in the VR-SFP and service authorization; * I maintain UNTWISE Director credential, as prescribed in VR-SFP; * I signed my signature and entered the date below. | | | | | |
| **Director Typed or Printed name**: | | **Director Signature:**  (See VR-SFP 3 on Signatures)  **X** | | | **Date Signed**: |
| **Select all that apply:**  UNTWISE Credentialed with ID:  VR3490-Waiver Proof Attached | | | | | |
| **VRS Use Only** | | | | | |
| If any question below is answered no or if the report or supporting documentation is missing or incomplete, return the invoice to the provider with the VR3460. Make a case note to document the results of the review and the date VR3460 was sent to provider, when applicable. | | | | | |
| **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. | | | | NA | Yes  No |
| Verified the trainer recorded training dates, times, and services accurately on this form. | | | | | Yes  No |
| Verified the trainer recorded signed the form. | | | | | Yes  No |
| Verified that the appropriate fee(s) was invoiced. | | | | | Yes  No |
| **Printed name of VR staff member making verification:** | | | | | |
| 1. | Date: | | 2. | | Date: |
| **VR Counselor Review** | | | | | |
| Verified the trainer recorded the specific training services he or she provided to the customer and documented the customer’s progress he or she observed on this form. | | | | | 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:** |