TEXAS WORKFORCE SOLUTIONS

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.)**:**

2. **Describe the physical environment during the evaluation, and any effect it had on the customer's vision (lighting, glare, etc.):**

3. **List or describe the sample materials the customer brought from home, work, or school, and used at the evaluation:**

4. **Does the customer have any low vision aids?**
   ○ Yes ○ No

5. Describe the extent to which the customer uses low-vision aids available to him or her:

N/A ☐

6. Describe any assistive techniques you saw the customer use to improve what he or she could see:

N/A ☐

7. 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 ☐

8. 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:

2. 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

3. 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

4. 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

5. **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

6. **The customer and I discussed the evaluation, the evaluation equipment, and training recommendations:** ○ Yes ○ No

7. **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

8. **I informed the customer that the counselor would determine whether to purchase equipment, and which equipment to purchase based on the report**: ○ Yes ○ No

9. **I summarized my interview findings with the customer:** ○ Yes ○ No

10. **I observed the customer's ability to use and benefit from the equipment I recommended:** ○ Yes ○ No

11. **I gave the customer an opportunity to ask questions about the evaluation before, during, and after the evaluation:** ○ Yes ○ No

12. **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
2. **Monitor:** ☐ N/A
3. **Printer:** ☐ N/A
4. **Software:** ☐ N/A
5. **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:**

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:**