



Texas Workforce Commission  
Vocational Rehabilitation Services  
**Assistive Technology Training Report**

**Provider Information**

Provider:

Address:

City:

State:

ZIP Code:

Telephone: (    )

Fax Number:

Email Address:

Trainer:

Report Date:

**Customer Information**

Customer:

Address:

City:

State:

ZIP Code:

Telephone: (    )

Service Authorization Number:

**Counselor Information**

Counselor:

VR Office:

VR Caseload Number:

Address:

City:

State:

ZIP Code:

Telephone: (    )

**Summary of Services Provided**

Date	Total Hours	Service Description


### Training Facts

**Services were facilitated:**

Only in-person

Only remotely

In person and/or remote as dependent on customer's needs

**Note:** Remote service delivery must be face-to-face and/or real time interaction. Voiced telephone and text communication are not acceptable. (see SFP 3.4.8)

### Training Report Narrative

**Training Objectives:**

**Equipment Used in This Training Session:**

**Software Used in This Training Session:**

**Software/Hardware Problems:**

**Training Effectiveness:**

### 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.

<b>Typed or Printed name:</b>	<b>Signature:</b> (See VR-SFP 3.11.1 Documentation and Signatures)	<b>Date Signed:</b>
	X	

<b>Director</b> (only required for Traditional-Bilateral Contractors)			
<b>By signing below, I, the Director, certify that:</b> <ul style="list-style-type: none"> <li>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;</li> <li>I maintain UNTWISE Director credential, as prescribed in VR-SFP;</li> <li>I signed my signature and entered the date below.</li> </ul>			
<b>Typed or Printed name:</b>		<b>Signature:</b> (See VR-SFP 3 on Signatures)	
		<b>X</b>	
<b>Date Signed:</b>			
<b>Select all that apply:</b> <input type="checkbox"/> UNTWISE Credentialed with ID: <input type="checkbox"/> VR3490-Waiver Proof Attached			
<b>VRS Use Only</b>			
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.			
<b>Technical Review to Verify Provider Qualifications</b> (Completed by any VR staff such as RA, CSC, VR Counselor)			
<b>Director's Credential:</b>			
UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above: maintained or waived the UNTWISE Director Credential did <b>not</b> hold a valid UNTWISE Director Credential			
<b>Verification of Service Delivery</b>			
<b>Technical Review</b> (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 training was provided as indicated on referral (in person, remotely).			Yes    No
Verified training delivered without exceeding policy prescribed provider-to-customer ratio.			Yes    No
Verified the trainer recorded signed the form.			Yes    No
Verified that the appropriate fee(s) was invoiced.			Yes    No
<b>Printed name of VR staff member making verification:</b>			
1.	Date:	2.	Date:
<b>VR Counselor Review</b>			
Verified training objectives and status of whether objective met or not met.			Yes    No
Verified there is a detailed narrative report of each training session that includes the customer's performance, skills, time spent on each product and the customer's progress towards objectives in the baseline assessment.			Yes    No
Verified the AT trainer conducted the post-training assessment at conclusion of the training.			Yes    No

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
<b>By typing or printing your name, the VRC verifies:</b> <ul style="list-style-type: none"> <li>• completion of the technical review,</li> <li>• services provided met the customer's individual needs,</li> <li>• services provided met specifications in the VR-SFP and on the SA, and</li> <li>• customer's or legally authorized representative's satisfaction with services received.</li> </ul>		
<b>Approve to pay invoice      Do not approve to pay invoice</b>		
<b>VR Counselor:</b>	<b>Date:</b>	