



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.

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

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.

Typed or Printed name:	Signature: (See VR-SFP 3 on Signatures)	Date Signed:
	X	

Select all that apply: UNTWISE Credentialled 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
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

Printed name of VR staff member making verification:

1.	Date:	2.	Date:
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VR Counselor Review

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
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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:
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