

Total number of hours the Customer participated in the evaluation:

Record the date and method of VRC notification of customer's absences, when applicable:

Evaluation approaches used in the delivery of the curriculum to meet the Customer's learning styles and preferences (Select all that apply):

- Discussions PowerPoint presentations Inquiry-based instructions
 Hands-on experiments Project and problem-based learning Computer-aided instructions
 Others: Describe:

Group Evaluation Facts

NA evaluation not provided in group setting

Instructions:

- If evaluation is facilitated in a group setting, record the instructors and record the VRS case IDs of all customers who participated in the group evaluation session(s).
- Sign-in sheet for each class must identify the instructor(s) and may be requested to verify class ratio.
- The provider must ensure, a VR3472, Contracted Service Modification Request for Work Readiness has been approved by the VR director prior to the class, for every customer in a group when the ratio is greater than 1 evaluator to 6 customers.
- When an evaluation includes more than 18 customers, complete a second form for each customer so that all instructors and customers are recorded.

Instructors:

1.	2.	3.
----	----	----

Customers:

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.

Areas to be Evaluated (based on referral)

- | | | |
|--|--|--|
| <input type="checkbox"/> Balancing life and work | <input type="checkbox"/> Decision making | <input type="checkbox"/> Household management |
| <input type="checkbox"/> Career exploration | <input type="checkbox"/> Disability awareness | <input type="checkbox"/> Independent living |
| <input type="checkbox"/> Child care management | <input type="checkbox"/> Effective communication | <input type="checkbox"/> Interpersonal communication |
| <input type="checkbox"/> Community resources | <input type="checkbox"/> Financial management | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Conflict resolution | <input type="checkbox"/> Goal setting | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Daily living skills | <input type="checkbox"/> Grooming and hygiene | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Evaluation Summary

Rate the customer's performance:

Ability to learn	Excellent	Very Good	Good	Marginal	Poor
Accuracy of work	Excellent	Very Good	Good	Marginal	Poor
Accepts assistance	Excellent	Very Good	Good	Marginal	Poor
Adaptability	Excellent	Very Good	Good	Marginal	Poor

Appearance and hygiene	Excellent	Very Good	Good	Marginal	Poor
Attendance	Excellent	Very Good	Good	Marginal	Poor
Communication	Excellent	Very Good	Good	Marginal	Poor
Cooperativeness	Excellent	Very Good	Good	Marginal	Poor
Initiative	Excellent	Very Good	Good	Marginal	Poor
Motivation	Excellent	Very Good	Good	Marginal	Poor
Safety practices	Excellent	Very Good	Good	Marginal	Poor
Timeliness	Excellent	Very Good	Good	Marginal	Poor

Overall Evaluation Summary

Describe the instructions, resources, and supplies the customer received throughout the entire evaluation.

Describe the customer's ability and willingness to perform skills and tasks including all problematic issues or concerns that emerge.

Describe all accommodations, compensatory techniques, and special evaluation needs required by the customer including why task had to be completed for the customer.

Evaluations Results: No training recommended Training recommended

When training is recommended, the VR3135B, VAT Specialized Training Plan completed and attached.

Additional Comments

Additional comments, if any:

Customer or Authorized Representative Signatures (See VR-SFP 3 on Signatures)

Verification of the customer's or authorized representative's satisfaction and service delivery obtained by:

Handwritten signature Digital signature

By sending a copy of the document returned with a scanned signature

Unable to obtain signature, Record the date, time and method of each of the 3 attempts:

By signing below, I, the customer or authorized representative, agree with the information recorded within the report above. I agree I am satisfied with the services delivered. If you are not satisfied, do not sign. Contact your VR counselor.

Typed or printed name:	Signature: X	Date Signed:
-------------------------------	-------------------------------	---------------------

Provider Signatures (See VR-SFP 3 on Signatures)

Type of Provider: Traditional-bilateral contractor Transition Educator Non-traditional

Premiums to be invoiced:

None Autism Blind and Visually Impaired Brain Injury Deaf other, specify:

Vocational Adjustment Trainer

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 a Vocational Adjustment Trainer as described in the VR-SFP or Service Authorization; and
- I printed by name, signed my signature and entered the date below.

Typed or printed name of instructor 1:	Signature: X	Date Signed:
---	-------------------------------	---------------------

Select all that apply:

UNTWISE Credentialed with ID: VR3490-Waiver Proof Attached

Transition Educator Non-traditional RID/BEI/SLIPI with Number: or proof attached

Typed or printed name of instructor 2:	Signature: X	Date Signed:
---	-------------------------------	---------------------

Select all that apply:

UNTWISE Credentialed with ID: VR3490-Waiver Proof Attached

Transition Educator Non-traditional RID/BEI/SLIPI with Number: or proof attached

Typed or printed name of instructor 3:	Signature: X	Date Signed:
---	-------------------------------	---------------------

Select all that apply:

UNTWISE Credentialed with ID: VR3490-Waiver Proof Attached

Transition Educator Non-traditional RID/BEI/SLIPI with Number: or proof attached

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: 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)

When Vocational Adjustment Trainer is a Transition Educator or Non-Traditional provider, skip this section.

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

Vocational Adjustment Trainer's Credential:

UNTWISE website or attached VR3490 verifies, for the dates of service, the **Vocational Adjustment Trainer(s)** listed above:
 maintained or waived the required UNTWISE Credential
 did **not** hold a valid UNTWISE Credential

UNTWISE Endorsements:

UNTWISE website verifies, for the dates of service, the Vocational Adjustment Trainer listed above maintained the following endorsement:

- None Autism Blind and Visually Impaired Brain Injury other, specify:

Qualifications Related to Deaf Premium:

Attached documentation verifies, for the dates of service, the Vocational Adjustment Trainer listed above maintained one of the following:

- not applicable BEI RID SLIPI

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 training was provided in the environment(s) (in person, remotely or combination) indicated on the referral form.	Yes	No
Verified the trainer-to-customer ratio was adhered to as described in the VR-SFP	Yes	No
Verify that the VR3135B, VAT Specialized Training Plan is attached when the evaluation recommends training.	Yes	No
Verified the customer's satisfaction with the training through signature on the form and/or by VR staff member contact with customer	Yes	No
Verified that the appropriate fee(s) was invoiced	Yes	No

Print staff member(s) names who completed technical review and/or verified the UNTWISE Credentials:

1.	Date:	2.	Date:
----	-------	----	-------

VR Counselor Review

Verified the customer received necessary accommodations, supplies and resources; various instructional approaches were used; and the customer has the ability to use compensatory techniques to increase ability to perform task and skills	Yes	No
Verified that the vocational adjustment trainer used and documented on the form the various instructional approaches to meet the customer's learning styles and preferences	Yes	No
Verified that the vocational adjustment trainer provided all supplies and resources necessary for the customer to participate in the training through signature on form or by VR staff member contact with customer	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: