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| Texas Workforce Solutions logo | | Texas Workforce Commission  **Vocational Rehabilitation Services**  **Assistive Technology Services for Customers with Visual Impairments Referral** | | | | | | | | | |
| Customer Information | | | | | | | | | | | |
| Service Requested: | | | | | | | | | | | |
| **VR Counselor Name:** | | | | **Caseload Number:** | | | **Contact Number** (include area code)**:** | | | | |
| **Trainer Name and Contractor Agency:** | | | | | | **Date of Referral:** | | | | | |
| **Customer’s Name:** | | | | **Customer’s date of birth**: | | | | **Customer’s Primary Language:** | | | |
| **Customer’s street address:** | | | | | | **City:** | | | | **State:** | **ZIP Code:** |
| **Customer’s Contact Number** (include area code)**:** | | | | | | **Alternate Contact Number** (include area code)**:** | | | | | |
| **Best Day(s) to Contact (if any):** | | | | | | | | | | | |
| **Customer’s Educational and/or Vocational Goal(s):** | | | | | | | | | | | |
| **Visual Diagnosis:** | | | | | | | | | | | |
| **Visual Acuity:** | **O D (right eye):** | | | | | **O S (left eye):** | | | **Visual Fields:** | | |
| **Other Additional Information:** | | | | | | | | | | | |
| Circumstances that May Impact Services | | | | | | | | | | | |
| **Secondary Disability:** | | | | | | | | | | | |
| **If secondary disability is deaf blindness, what is the customer’s primary form of communication?** | | | | | | | | | | | |
| **Level of Education:** | | | **Known Health Issues/ Safety Concerns:** | | | | | | | | |
| **Additional Information:** | | | | | | | | | | | |
| Customer’s Hardware and Software | | | | | | | | | | | |
| **List the customer’s current hardware:** | | | | | | | | | | | |
| **List the customer’s current software:** | | | | | | | | | | | |
| AT Training Guide Topics | | | | | | | | | | | |
| *Select all check box(s) that apply and provide a description of the skill after the colon, if* *applicable.*  Key Boarding Skills:  Setting up the Workstation:  Operating Feature, Function, and Maintenance:  Screen Readers, Screen Magnification, Braille Access, and Speech Recognition Access:  The Word Processor:  The Internet and the World Wide Web:  Viewing and Creating Microsoft PowerPoint Presentations:  Viewing and Creating Spreadsheets using Microsoft Excel:  OCR Software with scanner/cameras, stand-alone OCR Devices, and Braille Translation Software   with Braille embossers:  Braille Note Takers:  Mobile Operating Systems:  Computer Skills and Mobile Operating System Skills Post Training Assessments:  Other: | | | | | | | | | | | |
| Training Methods: | | | | | | | | | | | |
| VR counselor approves the AT services to be conducted: (choose one)  In person  Remotely  Combination, in person and remotely  **Additional Comments**: | | | | | | | | | | | |
| Training Location(s) | | | | | | | | | | | |
| *Select the check box(s) below that apply.* | | | | | | | | | | | |
| Customer’s home/family home  Customer’s work site  Customer’s school or vocational training site | | | | | AT service provider’s facility  Unknown  Other (specify): | | | | | | |
| Additional Information Provided by TWC-VR at Referral | | | | | | | | | | | |
| Assistive Technology Evaluation Report, if applicable  Other: | | | | | | | | | | | |