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| Texas Workforce Solutions Logo. | Texas Workforce Commission  Vocational Rehabilitation Services  **Situational Assessment and Work Sample Report** | | | | | | | | | | | | | | |
| **General Instructions** | | | | | | | | | | | | | | | |
| **Follow** **the instructions below to complete this form.**   * Complete the form electronically (on the computer) and answer all questions. * Write summaries in paragraph form in clear, descriptive English. Leave no blanks. Enter N/A if not applicable. * Print the form, obtain signatures, and submit. * Make certain that all standards are met before submitting this form with an invoice for payment.   **Note:** Vocational Evaluations **cannot** be done remotely. | | | | | | | | | | | | | | | |
| **Provider Information** | | | | | | | | | | | | | | | |
| **Provider:** | | | | | | **Service Authorization Number**: | | | | | | | | | |
| **Return Report To** | | | | | | | | | | | | | | | |
| **Counselor Name:** | | | | | | | | | **Fax:** | | | | | | |
| **Address:** | | | | | | | | | **Email:** | | | | | | |
| **City**: | | | **State:** | | | | | | | | | **ZIP:** | | | |
| **Customer Information** | | | | | | | | | | | | | | | |
| **Customer Name:** | | | | | | | **Case ID:** | | | | | | | | |
| **Customer Address:** | | | | | | | | **Date of Birth:** | | | | | | | |
| **City**: | | | | | | | | | | **State**: | | | | **ZIP code**: | |
| **Primary contact number**: (   ) | | | | | **Email:** | | | | | | | | | | |
| **Situational Assessments** | | | | | | | | | | | | | | | |
| A situational assessment is conducted at three or more competitive integrated work sites within a business or industry setting in the  community. The vocational evaluator must observe the customer for a minimum of two hours per competitive integrated work site.  After the customer participates in the situational assessment, record responses to the questions below. | | | | | | | | | | | | | | | |
| **Situational Assessment Number 1** | | | | | | | | | | | | | | | |
| **Time spent**: | | | | | | | | | | | | | | | |
| **Business name**: | | | | | | | | | | | | | | | |
| **Business location**: | | | | | | | | | | | | | | | |
| **Describe the setting**: | | | | | | | | | | | | | | | |
| **Describe what you saw the customer do and list any skills he or she demonstrated:** | | | | | | | | | | | | | | | |
| **Describe the customer’s functional abilities and transferable skills observed during the assessment:** | | | | | | | | | | | | | | | |
| **Describe the customer’s functional limitations, challenges, and barriers observed during the assessment:** | | | | | | | | | | | | | | | |
| **Instructions for the table below:**  Record your observations for each item listed below as demonstrated by customer at the conclusion of the assessment.   **Scoring Skills**  Scoring is based on the level of instruction and prompting that was needed to demonstrate the skill.   The scores are described below.  **Excellent**—skill was independently demonstrated with no instruction needed.  **Good**—skill was demonstrated after 1 prompt or verbal instruction.  **Fair**—skill was demonstrated after 2 or more prompts, verbal instructions or required visual instruction.  **Poor**—skill required continuous prompting and instruction, or the skill could not be demonstrated. | | | | | | | | | | | | | | | |
| **Category** | | **Poor** | | **Fair** | | | | | | | **Good** | | **Excellent** | | **Behavior not observed** |
| Appropriate personal relations with supervisor | |  | |  | | | | | | |  | |  | |  |
| Open and clear communication with supervisor on work site | |  | |  | | | | | | |  | |  | |  |
| Comfortable interacting with supervisor | |  | |  | | | | | | |  | |  | |  |
| Anxious interacting with supervisor | |  | |  | | | | | | |  | |  | |  |
| Benefits from instruction from supervisor | |  | |  | | | | | | |  | |  | |  |
| Cooperates with others on work tasks | |  | |  | | | | | | |  | |  | |  |
| Understands and follows through on instructions | |  | |  | | | | | | |  | |  | |  |
| Productivity is consistent | |  | |  | | | | | | |  | |  | |  |
| Punctuality | |  | |  | | | | | | |  | |  | |  |
| Grooming/Dress | |  | |  | | | | | | |  | |  | |  |
| Motivation to perform tasks | |  | |  | | | | | | |  | |  | |  |
| Maintains attention to tasks | |  | |  | | | | | | |  | |  | |  |
| Recognizes difference between work, school, home, and recreation | |  | |  | | | | | | |  | |  | |  |
| Appropriate relations with co-workers | |  | |  | | | | | | |  | |  | |  |
| Works well with co-workers | |  | |  | | | | | | |  | |  | |  |
| Accepts unpleasant tasks | |  | |  | | | | | | |  | |  | |  |
| Organizes work | |  | |  | | | | | | |  | |  | |  |
| Initiates work independently | |  | |  | | | | | | |  | |  | |  |
| Adapts to change in the work setting | |  | |  | | | | | | |  | |  | |  |
| Shows ability to learn | |  | |  | | | | | | |  | |  | |  |
| Frustration tolerance | |  | |  | | | | | | |  | |  | |  |
| Aware of workplace rules and safety rules and precautions | |  | |  | | | | | | |  | |  | |  |
| Inappropriate work behaviors | |  | |  | | | | | | |  | |  | |  |
| **Additional comments**: | | | | | | | | | | | | | | | |
| **Situational Assessment Number 2** | | | | | | | | | | | | | | | |
| **Time spent**: | | | | | | | | | | | | | | | |
| **Business name**: | | | | | | | | | | | | | | | |
| **Business location**: | | | | | | | | | | | | | | | |
| **Describe the setting**: | | | | | | | | | | | | | | | |
| **Describe what you saw the customer do and list any skills he or she demonstrated:** | | | | | | | | | | | | | | | |
| **Describe the customer’s functional abilities and transferable skills observed during the assessment:** | | | | | | | | | | | | | | | |
| **Describe the customer’s functional limitations, challenges, and barriers observed during the assessment:** | | | | | | | | | | | | | | | |
| **Instructions for the table below:**  Record your observations for each item listed below as demonstrated by customer at the conclusion of the assessment.  **Scoring Skills**  Scoring is based on the level of instruction and prompting that was needed to demonstrate the skill.   The scores are described below.  **Excellent**—skill was independently demonstrated with no instruction needed.  **Good**—skill was demonstrated after 1 prompt or verbal instruction.  **Fair**—skill was demonstrated after 2 or more prompts, verbal instructions or required visual instruction.  **Poor**—skill required continuous prompting and instruction, or the skill could not be demonstrated. | | | | | | | | | | | | | | | |
| **Category** | | **Poor** | | **Fair** | | | | | | | **Good** | | **Excellent** | | **Behavior not observed** |
| Appropriate personal relations with supervisor | |  | |  | | | | | | |  | |  | |  |
| Open and clear communication with supervisor on work site | |  | |  | | | | | | |  | |  | |  |
| Comfortable interacting with supervisor | |  | |  | | | | | | |  | |  | |  |
| Anxious interacting with supervisor | |  | |  | | | | | | |  | |  | |  |
| Benefits from instruction from supervisor | |  | |  | | | | | | |  | |  | |  |
| Cooperates with others on work tasks | |  | |  | | | | | | |  | |  | |  |
| Understands and follows through on instructions | |  | |  | | | | | | |  | |  | |  |
| Productivity is consistent | |  | |  | | | | | | |  | |  | |  |
| Punctuality | |  | |  | | | | | | |  | |  | |  |
| Grooming/Dress | |  | |  | | | | | | |  | |  | |  |
| Motivation to perform tasks | |  | |  | | | | | | |  | |  | |  |
| Maintains attention to tasks | |  | |  | | | | | | |  | |  | |  |
| Recognizes difference between work, school, home, and recreation | |  | |  | | | | | | |  | |  | |  |
| Appropriate relations with co-workers | |  | |  | | | | | | |  | |  | |  |
| Works well with co-workers | |  | |  | | | | | | |  | |  | |  |
| Accepts unpleasant tasks | |  | |  | | | | | | |  | |  | |  |
| Organizes work | |  | |  | | | | | | |  | |  | |  |
| Initiates work independently | |  | |  | | | | | | |  | |  | |  |
| Adapts to change in the work setting | |  | |  | | | | | | |  | |  | |  |
| Shows ability to learn | |  | |  | | | | | | |  | |  | |  |
| Frustration tolerance | |  | |  | | | | | | |  | |  | |  |
| Aware of workplace rules and safety rules and precautions | |  | |  | | | | | | |  | |  | |  |
| Inappropriate work behaviors | |  | |  | | | | | | |  | |  | |  |
| **Additional comments**: | | | | | | | | | | | | | | | |
| **Situational Assessment Number 3** | | | | | | | | | | | | | | | |
| **Time spent**: | | | | | | | | | | | | | | | |
| **Business name**: | | | | | | | | | | | | | | | |
| **Business location**: | | | | | | | | | | | | | | | |
| **Describe the setting**: | | | | | | | | | | | | | | | |
| **Describe what you saw the customer do and list any skills he or she demonstrated:** | | | | | | | | | | | | | | | |
| **Describe the customer’s functional abilities and transferable skills observed during the assessment:** | | | | | | | | | | | | | | | |
| **Describe the customer’s functional limitations, challenges, and barriers observed during the assessment:** | | | | | | | | | | | | | | | |
| **Instructions for the table below:**  Record your observations for each item listed below as demonstrated by customer at the conclusion of the assessment.  **Scoring Skills**  Scoring is based on the level of instruction and prompting that was needed to demonstrate the skill.   The scores are described below.  **Excellent**—skill was independently demonstrated with no instruction needed.  **Good**—skill was demonstrated after 1 prompt or verbal instruction.  **Fair**—skill was demonstrated after 2 or more prompts, verbal instructions or required visual instruction.  **Poor**—skill required continuous prompting and instruction, or the skill could not be demonstrated. | | | | | | | | | | | | | | | |
| **Category** | | **Poor** | | **Fair** | | | | | | | **Good** | | **Excellent** | | **Behavior not observed** |
| Appropriate personal relations with supervisor | |  | |  | | | | | | |  | |  | |  |
| Open and clear communication with supervisor on work site | |  | |  | | | | | | |  | |  | |  |
| Comfortable interacting with supervisor | |  | |  | | | | | | |  | |  | |  |
| Anxious interacting with supervisor | |  | |  | | | | | | |  | |  | |  |
| Benefits from instruction from supervisor | |  | |  | | | | | | |  | |  | |  |
| Cooperates with others on work tasks | |  | |  | | | | | | |  | |  | |  |
| Understands and follows through on instructions | |  | |  | | | | | | |  | |  | |  |
| Productivity is consistent | |  | |  | | | | | | |  | |  | |  |
| Punctuality | |  | |  | | | | | | |  | |  | |  |
| Grooming/Dress | |  | |  | | | | | | |  | |  | |  |
| Motivation to perform tasks | |  | |  | | | | | | |  | |  | |  |
| Maintains attention to tasks | |  | |  | | | | | | |  | |  | |  |
| Recognizes difference between work, school, home, and recreation | |  | |  | | | | | | |  | |  | |  |
| Appropriate relations with co-workers | |  | |  | | | | | | |  | |  | |  |
| Works well with co-workers | |  | |  | | | | | | |  | |  | |  |
| Accepts unpleasant tasks | |  | |  | | | | | | |  | |  | |  |
| Organizes work | |  | |  | | | | | | |  | |  | |  |
| Initiates work independently | |  | |  | | | | | | |  | |  | |  |
| Adapts to change in the work setting | |  | |  | | | | | | |  | |  | |  |
| Shows ability to learn | |  | |  | | | | | | |  | |  | |  |
| Frustration tolerance | |  | |  | | | | | | |  | |  | |  |
| Aware of workplace rules and safety rules and precautions | |  | |  | | | | | | |  | |  | |  |
| Inappropriate work behaviors | |  | |  | | | | | | |  | |  | |  |
| **Additional comments**: | | | | | | | | | | | | | | | |
| **Work Samples** | | | | | | | | | | | | | | | |
| A minimum of four Work Samples that were not completed in the vocational evaluation must be completed.  Work samples provide a close simulation of an actual industrial task, business operation, or component of an occupational area.  After the customer participates in the work sample, record responses to the questions below. | | | | | | | | | | | | | | | |
| **Work Sample Number 1** | | | | | | | | | | | | | | | |
| **Time spent**: | | | | | | | | | | | | | | | |
| **Business or Industry Type**: | | | | | | | | | | | | | | | |
| **Testing Environment**: | | | | | | | | | | | | | | | |
| **Describe what you saw the customer do and list any skills he or she demonstrated:** | | | | | | | | | | | | | | | |
| **Instructions for the table below:**  Record your observations for each item listed below as demonstrated by customer at the conclusion of the assessment.  **Scoring Skills**  Scoring is based on the level of instruction and prompting that was needed to demonstrate the skill.   The scores are described below.  **Excellent**—skill was independently demonstrated with no instruction needed.  **Good**—skill was demonstrated after 1 prompt or verbal instruction.  **Fair**—skill was demonstrated after 2 or more prompts, verbal instructions or required visual instruction.  **Poor**—skill required continuous prompting and instruction, or the skill could not be demonstrated. | | | | | | | | | | | | | | | |
| **Category** | | **Poor** | | **Fair** | | | | | | | **Good** | | **Excellent** | | **Behavior not observed** |
| Accepted instruction regarding the work sample | |  | |  | | | | | | |  | |  | |  |
| Ability to follow 2 step directions | |  | |  | | | | | | |  | |  | |  |
| Ability to follow multi-step directions | |  | |  | | | | | | |  | |  | |  |
| Learned without extra instruction | |  | |  | | | | | | |  | |  | |  |
| Learned with extra instruction | |  | |  | | | | | | |  | |  | |  |
| Demonstrated aptitude for skill | |  | |  | | | | | | |  | |  | |  |
| Demonstrated aptitude for task | |  | |  | | | | | | |  | |  | |  |
| Performed task without assistance | |  | |  | | | | | | |  | |  | |  |
| Performed task with assistance | |  | |  | | | | | | |  | |  | |  |
| Demonstrated interest in task | |  | |  | | | | | | |  | |  | |  |
| Demonstrated dislike of task | |  | |  | | | | | | |  | |  | |  |
| Work product met expectations | |  | |  | | | | | | |  | |  | |  |
| Production time met expectations | |  | |  | | | | | | |  | |  | |  |
| Task would be appropriate job task | |  | |  | | | | | | |  | |  | |  |
| **Describe the customer’s functional limitations, challenges, and barriers observed during work sample**. | | | | | | | | | | | | | | | |
| **Additional comments**: | | | | | | | | | | | | | | | |
| **Work Sample Number 2** | | | | | | | | | | | | | | | |
| **Time spent**: | | | | | | | | | | | | | | | |
| **Business or Industry Type**: | | | | | | | | | | | | | | | |
| **Testing Environment**: | | | | | | | | | | | | | | | |
| **Describe what you saw the customer do and list any skills he or she demonstrated:** | | | | | | | | | | | | | | | |
| **Instructions for the table below:**  Record your observations for each item listed below as demonstrated by customer at the conclusion of the assessment.  **Scoring Skills**  Scoring is based on the level of instruction and prompting that was needed to demonstrate the skill.   The scores are described below.  **Excellent**—skill was independently demonstrated with no instruction needed.  **Good**—skill was demonstrated after 1 prompt or verbal instruction.  **Fair**—skill was demonstrated after 2 or more prompts, verbal instructions or required visual instruction.  **Poor**—skill required continuous prompting and instruction, or the skill could not be demonstrated. | | | | | | | | | | | | | | | |
| **Category** | | **Poor** | | **Fair** | | | | | | | **Good** | | **Excellent** | | **Behavior not observed** |
| Accepted instruction regarding the work sample | |  | |  | | | | | | |  | |  | |  |
| Ability to follow 2 step directions | |  | |  | | | | | | |  | |  | |  |
| Ability to follow multi-step directions | |  | |  | | | | | | |  | |  | |  |
| Learned without extra instruction | |  | |  | | | | | | |  | |  | |  |
| Learned with extra instruction | |  | |  | | | | | | |  | |  | |  |
| Demonstrated aptitude for skill | |  | |  | | | | | | |  | |  | |  |
| Demonstrated aptitude for task | |  | |  | | | | | | |  | |  | |  |
| Performed task without assistance | |  | |  | | | | | | |  | |  | |  |
| Performed task with assistance | |  | |  | | | | | | |  | |  | |  |
| Demonstrated interest in task | |  | |  | | | | | | |  | |  | |  |
| Demonstrated dislike of task | |  | |  | | | | | | |  | |  | |  |
| Work product met expectations | |  | |  | | | | | | |  | |  | |  |
| Production time met expectations | |  | |  | | | | | | |  | |  | |  |
| Task would be appropriate job task | |  | |  | | | | | | |  | |  | |  |
| **Describe the customer’s functional limitations, challenges, and barriers observed during work sample**. | | | | | | | | | | | | | | | |
| **Additional comments**: | | | | | | | | | | | | | | | |
| **Work Sample Number 3** | | | | | | | | | | | | | | | |
| **Time spent**: | | | | | | | | | | | | | | | |
| **Business or Industry Type**: | | | | | | | | | | | | | | | |
| **Testing Environment**: | | | | | | | | | | | | | | | |
| **Describe what you saw the customer do and list any skills he or she demonstrated:** | | | | | | | | | | | | | | | |
| **Instructions for the table below:**  Record your observations for each item listed below as demonstrated by customer at the conclusion of the assessment.  **Scoring Skills**  Scoring is based on the level of instruction and prompting that was needed to demonstrate the skill.   The scores are described below.  **Excellent**—skill was independently demonstrated with no instruction needed.  **Good**—skill was demonstrated after 1 prompt or verbal instruction.  **Fair**—skill was demonstrated after 2 or more prompts, verbal instructions or required visual instruction.  **Poor**—skill required continuous prompting and instruction, or the skill could not be demonstrated. | | | | | | | | | | | | | | | |
| **Category** | | **Poor** | | **Fair** | | | | | | | **Good** | | **Excellent** | | **Behavior not observed** |
| Accepted instruction regarding the work sample | |  | |  | | | | | | |  | |  | |  |
| Ability to follow 2 step directions | |  | |  | | | | | | |  | |  | |  |
| Ability to follow multi-step directions | |  | |  | | | | | | |  | |  | |  |
| Learned without extra instruction | |  | |  | | | | | | |  | |  | |  |
| Learned with extra instruction | |  | |  | | | | | | |  | |  | |  |
| Demonstrated aptitude for skill | |  | |  | | | | | | |  | |  | |  |
| Demonstrated aptitude for task | |  | |  | | | | | | |  | |  | |  |
| Performed task without assistance | |  | |  | | | | | | |  | |  | |  |
| Performed task with assistance | |  | |  | | | | | | |  | |  | |  |
| Demonstrated interest in task | |  | |  | | | | | | |  | |  | |  |
| Demonstrated dislike of task | |  | |  | | | | | | |  | |  | |  |
| Work product met expectations | |  | |  | | | | | | |  | |  | |  |
| Production time met expectations | |  | |  | | | | | | |  | |  | |  |
| Task would be appropriate job task | |  | |  | | | | | | |  | |  | |  |
| **Describe the customer’s functional limitations, challenges, and barriers observed during work sample**. | | | | | | | | | | | | | | | |
| **Additional comments**: | | | | | | | | | | | | | | | |
| **Work Sample Number 4** | | | | | | | | | | | | | | | |
| **Time spent**: | | | | | | | | | | | | | | | |
| **Time spent**: | | | | | | | | | | | | | | | |
| **Business or Industry Type**: | | | | | | | | | | | | | | | |
| **Testing Environment**: | | | | | | | | | | | | | | | |
| **Describe what you saw the customer do and list any skills he or she demonstrated:** | | | | | | | | | | | | | | | |
| **Instructions for the table below:**  Record your observations for each item listed below as demonstrated by customer at the conclusion of the assessment.  **Scoring Skills**  Scoring is based on the level of instruction and prompting that was needed to demonstrate the skill.   The scores are described below.  **Excellent**—skill was independently demonstrated with no instruction needed.  **Good**—skill was demonstrated after 1 prompt or verbal instruction.  **Fair**—skill was demonstrated after 2 or more prompts, verbal instructions or required visual instruction.  **Poor**—skill required continuous prompting and instruction, or the skill could not be demonstrated. | | | | | | | | | | | | | | | |
| **Category** | | **Poor** | | **Fair** | | | | | | | **Good** | | **Excellent** | | **Behavior not observed** |
| Accepted instruction regarding the work sample | |  | |  | | | | | | |  | |  | |  |
| Ability to follow 2 step directions | |  | |  | | | | | | |  | |  | |  |
| Ability to follow multi-step directions | |  | |  | | | | | | |  | |  | |  |
| Learned without extra instruction | |  | |  | | | | | | |  | |  | |  |
| Learned with extra instruction | |  | |  | | | | | | |  | |  | |  |
| Demonstrated aptitude for skill | |  | |  | | | | | | |  | |  | |  |
| Demonstrated aptitude for task | |  | |  | | | | | | |  | |  | |  |
| Performed task without assistance | |  | |  | | | | | | |  | |  | |  |
| Performed task with assistance | |  | |  | | | | | | |  | |  | |  |
| Demonstrated interest in task | |  | |  | | | | | | |  | |  | |  |
| Demonstrated dislike of task | |  | |  | | | | | | |  | |  | |  |
| Work product met expectations | |  | |  | | | | | | |  | |  | |  |
| Production time met expectations | |  | |  | | | | | | |  | |  | |  |
| Task would be appropriate job task | |  | |  | | | | | | |  | |  | |  |
| **Describe the customer’s functional limitations, challenges, and barriers observed during work sample**. | | | | | | | | | | | | | | | |
| **Additional comments**: | | | | | | | | | | | | | | | |
| **Summary of Situational Assessments & Work Samples** | | | | | | | | | | | | | | | |

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| **Based on the information you have gathered, describe the type of jobs and/or  employment goal that would be the best employment setting for the customer.****Include job recommendations related to the current job market using the SOC codes for the customer’s geographical area.** |

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| **Based on the information you have gathered, describe the environment and work culture that would be the best employment setting for the customer.** |
| **Based on the information you have gathered, what should be avoided to identify the best employment setting for the customer?** |
| **Describe such supports as social, communication, learning, environmental, assistive technology, or other supports potentially necessary****to promote customer success in competitive integrated employment.** |
| **Based on the situational assessments and work samples, would the customer most likely succeed in competitive integrated employment?** |
| **If you do not recommend competitive integrated employment for the customer explain why.** |

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| **Provider Signatures** |
| **Vocational Evaluator Aide Signature**  (Required for anyone who assisted in administering the evaluation) |
| **By signing below, I, the Vocational Evaluator Aide(s), certify that:**   * I maintain the staff qualifications required for a Vocational Evaluator Aide as described in the  TWC VR Standards for Providers or Service Authorization ; and worked under the supervision of the Vocational Evaluator. |

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

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| **Vocational Evaluator Signature (Required for all providers)** |
| **By signing below, I, the Vocational Evaluator, certify that:**   * the above dates, times, and services are accurate; * I remained onsite to supervise all services and vocational evaluator aides  maintaining the required ratios as stated in the TWC VR Standards for Providers; * a minimum of two hours and no more than six hours of assessment each day was provided; * I personally conducted/supervised the assessment and prepared this form; * allOutcomes Required for Payment, as described in the TWC VR Standards for Providers and Service Authorization(s) are met; * I and any aides maintain the staff qualifications required as described in the TWC VR Standards for Providers or Service Authorization; and * I signed my signature and entered the date below. |

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

|  |  |  |
| --- | --- | --- |
| **Director Credentials and Signature** | | |
| **By signing below, I, the Director, certify that:**   * I handwrote my signature and the date below; * I ensure that the staff meets the qualifications and met the requirements in the Standards when delivering the service; and * I maintain the staff qualifications, including the UNTWISE credential, required for a Director,  as described in TWC VR Standards for Providers and/or Service Authorization. | | |
| **Qualifications** | **Proof of Qualification** | **Verified by TWS-VRS** |
| UNTWISE Director Credential: | UNTWISE Credential Number:       if no, VR3490-Waiver Proof Attached | Yes  No  N/A |

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

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| **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. |

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| **Technical Review to Verify Provider Qualifications**  (Completed by any VR staff such as RA, CSC, VR Counselor) |

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| **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 |

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| **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, verified a copy of an approved VR3472 is attached to the report. | | | NA | Yes  No |
| Verified that a total of three Situational Assessments were completed in different work settings. | | | | 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 that a total of four Work Samples were completed and were not the same Work Samples as completed on the Vocational Evaluation. | | | | Yes  No |
| Verified that the information in **all** sections of the form are unique and individualized for the customer. | | | | Yes  No |
| Verified that the form indicates specific training options that match the customer’s capabilities. | | | | Yes  No |
| Verified that the vocational evaluator and/or aides collected information through customer observations held at multiple locations. | | | | 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: |