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| Texas Workforce Solutions logo | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Report for Vocational Evaluation** | | | | | | | | | |
| **General Instructions** | | | | | | | | | | | | | | |
| **Follow** **the instructions below when completing 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 Name:** | | | | | | | **Service Authorization Number**: | | | | | | | |
| **Return Report To** | | | | | | | | | | | | | | |
| **Counselor Name:** | | | | | | | **Address:** | | | | | | | |
| **City**: | | | | **State:** | | | | | | **ZIP:** | | | | |
| **Customer Information** | | | | | | | | | | | | | | |
| **Customer Name:** | | | | | | | **Case ID:** | | | | | | | |
| **Date of Birth:** | | | | | | | **Customer Address:** | | | | | | | |
| **City:** | | | | | | | **State:** | | | | | **ZIP Code:** | | |
| **Telephone:** (   ) | | | | | | | **Email:** | | | | | | | |
| **Attendance** | | | | | | | | | | | | | |
| **Instructions:**   * For each week of the evaluation, enter the date (mm/dd/yy) of Monday through Sunday in the date column. * For each day of the week, record the number of hour(s) the Customer participated in the evaluation. * If Customer is absent from the evaluation, record an “A” for the day missed. * Notify the counselor immediately when the Customer is absent. * Total the number of hours that the Customer attended the evaluation. | | | | | | | | | | | | | |
| **Week** | **Date** (Mon-Sun) | **Monday** | **Tuesday** | | | **Wednesday** | | **Thursday** | **Friday** | | **Saturday** | | **Sunday** |
| 1 |  |  |  | | |  | |  |  | |  | |  |
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| 3 |  |  |  | | |  | |  |  | |  | |  |
| 4 |  |  |  | | |  | |  |  | |  | |  |
| 5 |  |  |  | | |  | |  |  | |  | |  |
| 6 |  |  |  | | |  | |  |  | |  | |  |
| **Total number of hours Customer participated in the Evaluation**: | | | | | | | | | | | | | |
| **Assessments Administered** | | | | | | | | | | | | | | |
| **List each standardized test administered and the results of each test (including a summary of strengths and limitations):** | | | | | | | | | | | | | | |
| **If administered, list any work sample performed and describe the results of each work sample:** | | | | | | | | | | | | | | |
| **Evaluation Summary** | | | | | | | | | | | | | | |
| **Report case history information (including educational background, employment history, medical history, social history,****psychological and/or emotional history and current stability, daily living activities, and independent living skills):** | | | | | | | | | | | | | | |
| **Description of the customer’s cognitive abilities:** | | | | | | | | | | | | | | |
| **Description of the customer’s academic achievements (grade level) in reading, writing, spelling, and mathematics:** | | | | | | | | | | | | | | |
| **Description of the customer’s physical abilities:** | | | | | | | | | | | | | | |
| **Description of the customer’s sensory abilities (identify preferred learning style):** | | | | | | | | | | | | | | |
| **Description of the customer’s aptitudes, vocational interests, and areas recommended for vocational exploration**  **(addressing compatibility of interests to measured skills and abilities):** | | | | | | | | | | | | | | |
| **List behavioral observations and work habits:** | | | | | | | | | | | | | | |
| **Description of potential training and educational options that match the customer’s capabilities:** | | | | | | | | | | | | | | |
| **Description of the customer’s potential for competitive integrated employment or the reasons that competitive integrated employment**  **is not appropriate:** | | | | | | | | | | | | | | |
| **Job recommendations related to the current job market using the Standard Occupational Classification (SOC) codes**  **for the customer’s geographic area:** | | | | | | | | | | | | | | |
| **List specific job modifications and/or accommodations necessary to achieve the employment goal:** | | | | | | | | | | | | | | |
| **Description of any additional implications for the workplace:** | | | | | | | | | | | | | | |
| **Recommendations** | | | | | | | | | | | | | | |
| **List any other evaluations that may be needed and explain reason for recommendation**  **(for example, psychological, medical, assistive technology, etc.):** | | | | | | | | | | | | | | |
| **List any potential VR Services that the customer may benefit from (for example, work readiness services, work experience services,**  **vocational training, job placement services, supported employment services):** | | | | | | | | | | | | | | |
| **Response to Referral Questions**  (in narrative format address the following areas) | | | | | | | | | | | | | | |
| **Response to the specific referral questions:** | | | | | | | | | | | | | | |
| **If a feedback session was requested by the VR counselor, list the date of the feedback session and what was reviewed:** | | | | | | | | | | | | | | |
| **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. I 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 and the dated below. |

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

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| **Director Credentials and Signature** | | |
| **Required for Traditional-Bilateral Contractors**  **By signing below, I, the Director, certify that:**   * I signed and the dated 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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| **Select all that apply:**  UNTWISE Credentialed with ID:  VR3490-Waiver Proof Attached |

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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, verify a copy of an approved VR3472 is attached to the report? | | | N/A | Yes  No |
| Verified that the form indicates results of evaluator findings and observations specified in the service description | | | | Yes  No |
| Verified that the form indicates specific job modifications and/or accommodations | | | | 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 form indicates potential for competitive integrated employment, or when applicable, reasonscompetitive integrated employment is not appropriate | | | | Yes  No |
| Verified that the form indicates specific training options that match the customer’s capabilities | | | | Yes  No |
| When requested on the VR1836, Vocational Assessment Referral or service authorization, verify a feedback session to review  the customer’s vocational interests, strengths, challenges, and recommendations with the customer,  customer’s representative, if any, and VR counselor was be completed | | | | Yes  No |
| Verified that the form indicates job recommendations related to the current job market using the Standard Occupational Classification  codes for the customer's geographic area | | | | Yes  No |
| Verified that the report identifies appropriate and inappropriate behaviors using existing records, personal observations,  and conversations with the VR counselor, customer, family members, and others | | | | 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: |