|  |  |
| --- | --- |
| Texas Workforce Solutions Logo. | Texas Workforce CommissionVocational 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** |

|  |
| --- |
| **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.**      |

|  |
| --- |
| **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.**      |

|  |
| --- |
| **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.
 |

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

|  |
| --- |
| **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.
 |

|  |  |  |
| --- | --- | --- |
| **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 |

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

|  |
| --- |
| **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, 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:       |