

**Assessment Services**

**100X-Standardized Testing/Specialized Evaluation**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Provider: | Click to enter |
| VRC Name: | Click to enter | NYS Fiscal System ID: | Click to enter |
|  | Report Date: | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| Participant First Name: | Click to enter | Participant Last Name: | Click to enter |
| Participant Phone Number: | Click to enter |
| Participant Email Address: | Click to enter |

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|  |
| **Report must be completed by evaluator.** |
| **A Detailed Vocational Assessment Service Report is required to be submitted with the VR-100X** |
|  |
| **Start Date:** | Click to enter |  |  | **End Date:** |  | Click to enter |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Drop Out Date (If applicable):** | Click to enter |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Number of Hours Authorized (Max 10):** | Click to enter |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Number of Hours Used:** | Click to enter |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **List the Assessment Tools Used for Participant Evaluation:** |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Please indicate the Focus Area(s):** |
|  |[ ]  Academic Achievements: |
|  |[ ]  Aptitude: |
|  |[ ]  Cognitive Abilities: |
|  |[ ]  Personality: |
|  |[ ]  Vocational Interests: |
|  |[ ]  Sensory/Motor Skills: |
|  |[ ]  Other (Describe): |
|  |  | Click to enter |
|  |  |  |
|  |  |  |  |  |  |  |  |
| **Impressions and Recommendations:** |  |  |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |

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| **Completed By:**  |
|  |  | Click to enter |
| Evaluator III Signature |  | Date Completed |  |
| Click to enter |  | Click to enter |
| Printed Name: |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |