

**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 | | | | | | | | | | |
|  | | |  | |  |  |  |  |  |  |

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