



Assessment Services

100X-Standardized Testing/Specialized Evaluation

AV#:	(7 digits)
ACCES-VR ID#:	(6 digits)
CAMS ID #:	(10 digits)

VR District Office:	Provider:
VRC Name:	NYS Fiscal System ID:
	Report Date:

Participant First Name:	Participant Last Name:
Participant Phone Number:	
Participant Email Address:	

**Report must be completed by evaluator.
A Detailed Vocational Assessment Service Report is required to be submitted
with the VR-100X**

Start Date:

End Date:

Drop Out Date (If applicable):

Number of Hours Authorized (Max 10):

Number of Hours Used:

List the Assessment Tools Used for Participant Evaluation:

Please indicate the Focus Area(s):

- Academic Achievements:
- Aptitude:
- Cognitive Abilities:
- Personality:
- Vocational Interests:
- Sensory/Motor Skills:

Other (Describe):

Impressions and Recommendations:

Completed By:

Evaluator III Signature

Date Completed

Printed Name:

Title

Phone Number:

Email: