Assessment Services

100X-Standardized Testing/Specialized Evaluation

<table>
<thead>
<tr>
<th>AV#: (7 digits)</th>
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<tbody>
<tr>
<td>ACCES-VR ID#: (6 digits)</td>
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<tr>
<td>CAMS ID #: (10 digits)</td>
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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:

Form Revised Date: 1/15/19
**Impressions and Recommendations:**

**Completed By:**

<table>
<thead>
<tr>
<th>Evaluator III Signature</th>
<th>Date Completed</th>
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<table>
<thead>
<tr>
<th>Printed Name:</th>
<th>Title</th>
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<tbody>
<tr>
<td>Phone Number:</td>
<td>Email:</td>
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