1. **Units of Service Utilized:**
   Unit: Day (5 hour minimum) Half Unit: Half-day (2.5 hour minimum)

2. **Dates of Service:**

3. **Briefly describe evaluation process that was utilized:**
   Detailed Vocational Assessment Report is required to be submitted with the VR-110X.

4. **Was this evaluation completed in an individual or group format?**
   - [ ] Individual
   - [ ] Group

5. **Was this report submitted within 10 business days of the service completion?**
   - [ ] Yes
   - [ ] No
   If no, explain:

6. **Was the VRC offered to attend the conference at the conclusion of the service?**
7. **Was the service completed in full?**
   - ☐ Yes  ☐ No
   - **If no, explain:**

The Vocational Assessment Service Report was reviewed and agreed to by ACCES-VR VRC on the date listed below (Maintain documentation of this in participant record):

   - ☐ Yes  ☐ No  _______________________
   - **Date**

**Completed By:**

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**Signature of Qualified Evaluator**  _______________________

**I**  _______________________

**Printed Name**  _______________________

**Phone Number:**  _______________________

**Email:**  _______________________

**Provider Supervisor:**

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**Signature of Qualified Evaluator II Supervisor**  _______________________

**Date**  _______________________

**Printed Name**  _______________________

**Title**  _______________________

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