



**VR-110X
Assessment Services**

**110X - Diagnostic Vocational Evaluation (DVE)/Community Based
Situational Assessment**

| | |
|---------------|-------------|
| 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: | |

| |
|---|
| <p>1. Units of Service Utilized: Unit: Day (5 hour minimum) Half Unit: Half-day (2.5 hour minimum)</p> <p>2. Dates of Service:</p> <p>3. Briefly describe evaluation process that was utilized: Detailed Vocational Assessment Report is required to be submitted with the VR-110X.</p> <p>4. Was this evaluation completed in an individual or group format? <input type="checkbox"/> Individual <input type="checkbox"/> Group</p> <p>5. Was this report submitted within 10 business days of the service completion? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:</p> <p>6. Was the VRC offered to attend the conference at the conclusion of the service?</p> |
|---|

Yes No

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:

Signature of Qualified Evaluator

I

Printed Name

Phone Number:

Date

Title

Email:

Provider Supervisor:

Signature of Qualified Evaluator II Supervisor

Printed Name

Date

Title