

**VR-112X**

**Assessment Services**

**112X - Community Based Workplace Assessment (CBWA)**

|  |  |  |
| --- | --- | --- |
| 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 | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | |  | | | |  |  |  |
| **1.** | **Units of Service Utilized:** | | | Click to enter | | | | | | | | | |
|  | (Unit: Hour) | | | | | | | | | | | |  |
|  |  |  |  |  |  | |  | | | |  |  |  |
| **2.** | **Dates of Service:** | | Click to enter | | | | | | | | | | |
|  |  |  |  |  |  | |  | | | |  |  |  |
| **3.** | **Briefly describe evaluation process that was utilized:** | | | | | | | | | |  |  |  |
|  | Please note: Detailed Vocational Assessment Report is required to be submitted with the VR-112X. | | | | | | | | | | | | |
|  | Click to enter | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | | | |  |  |  |
| **4.** | **Did the participant have informed choice in selection of the assessment site and activities based on their interests and known employment factors?** | | | | | | | | | | | | |
|  |  |  | Yes |  |  | No |  | | | |  |  |  |
|  |  |  |  |  |  | |  | | | |  |  |  |
| **5.** | **Does the Vocational Assessment profile report address the following topics?** | | | | | | | | | | | | |
|  | Attributes and Capacities | | |  |  | |  | Yes |  |  | No |  |  |
|  |  | | |  |  | |  |  |  |  |  |  |  |
|  | Interests and Preferences | | |  |  | |  | Yes |  |  | No |  |  |
|  |  | | |  |  | |  |  |  |  |  |  |  |
|  | Priorities of the Participant | | |  |  | |  | Yes |  |  | No |  |  |
|  |  | | |  |  | |  |  |  |  |  |  |  |
|  | Values and Ideals | | |  |  | |  | Yes |  |  | No |  |  |
|  |  | | |  |  | |  |  |  |  |  |  |  |
|  | Travel/mobility/Transportation Capacities | | | | | |  | Yes |  |  | No |  |  |
|  |  | | | | | |  |  |  |  |  |  |  |
|  | Supports Needed and/or Anticipated | | | | | |  | Yes |  |  | No |  |  |
|  |  | | | | | |  |  |  |  |  |  |  |
|  | Networks and Resources | | | | | |  | Yes |  |  | No |  |  |
|  |  | | | | | |  |  |  |  |  |  |  |
|  | Suggested Customized Employment Strategies | | | | | |  | Yes |  |  | No |  |  |
|  |  | | | | | |  |  |  |  |  |  |  |
|  | If any topics were not addressed in the report, explain: | | | | | | | | | |  |  |  |
|  | Click to enter | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | | | |  |  |  |
| **6.** | **If Vocational Assessment Profile Report (CBWA) Report was not submitted within 15 business days of last contact, please explain:** | | | | | | | | | | | | |
|  | Click to enter | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | | | |  |  |  |
| **7.** | **Was the CBWA completed at an employer site and/or integrated community site?** | | | | | | | | | | | | |
|  |  |  | Yes |  |  | No |  | | | |  |  |  |
|  |  |  |  |  |  | |  | | | |  |  |  |
| **8.** | **Was a conference scheduled at the completion of the CBWA?** | | | | | | | | | | | | |
|  |  |  | Yes |  |  | No |  | | | |  |  |  |
|  |  |  |  |  |  | |  | | | |  |  |  |
| **9.** | **Was the service completed in full?** | | | | | | | | | |  |  |  |
|  |  |  | Yes |  |  | No |  | | | |  |  |  |
|  | **If no, explain:** | |  | | | | | | | | | | |
|  | Click to enter | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | | | |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No | Click to enter |
|  |  |  |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Completed By:** | | | | |
|  | |  | Click to enter | |
| Signature of Qualified Evaluator I | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Supervisor:** | | | | |
|  | |  | Click to enter | |
| Signature of Qualified Evaluator II Supervisor | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |