



**VR-112X  
Assessment Services**

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

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><b>1. Units of Service Utilized:</b> (Unit: Hour)</p> <p><b>2. Dates of Service:</b></p> <p><b>3. Briefly describe evaluation process that was utilized:</b> Please note: Detailed Vocational Assessment Report is required to be submitted with the VR-112X.</p> <p><b>4. Did the participant have informed choice in selection of the assessment site and activities based on their interests and known employment factors?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>5. Does the Vocational Assessment profile report address the following topics?</b></p> <table><tr><td>Attributes and Capacities</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td>Interests and Preferences</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td>Priorities of the Participant</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td>Values and Ideals</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></table>	Attributes and Capacities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interests and Preferences	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Priorities of the Participant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Values and Ideals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attributes and Capacities	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
Interests and Preferences	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
Priorities of the Participant	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
Values and Ideals	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

**6. If Vocational Assessment Profile Report (CBWA) Report was not submitted within 15 business days of last contact, please explain:**

**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:**

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

\_\_\_\_\_ Date

**Completed By:**

\_\_\_\_\_  
Signature of Qualified Evaluator I

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Phone Number:

Email:

**Provider Supervisor:**

\_\_\_\_\_  
Signature of Qualified Evaluator II Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title