

**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 |  |