

**VR-165X**

**Assistive Technology/Rehabilitation Technology**

**165X- Assistive Technology/Rehabilitation Technology Evaluation**

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| **Total Units of Service Provided:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Total Units of Service Authorized:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Functional Limitations:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Vocational Goal:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Impediments to Achieving Vocational Goal:** |  |  |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Focus Area of Evaluation:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Will the use of rehabilitation technology be effective?** |
|  |  |  |  |[ ]  Yes |[ ]  No |  |  |
| Please explain and provide details: |  |  |  |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Have any assistive devises or related services been identified?**  |
|  |  |  |  |[ ]  Yes |[ ]  No |  |  |
| Please explain and provide details: |  |  |  |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Additional Information:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Was this report completed within 10 days of the last service?** |
|  |  |  |  |[ ]  Yes |[ ]  No |  |  |
| Date of Last Service: | Click to enter |
| If No, please explain: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |

Was the ACCES-VR VRC offered a chance to attend a conference at the conclusion of the service? (Maintain documentation of this in the participant record.)

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

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