

**VR-167X**

**Assistive Technology/Rehabilitation Technology**

**167X-Assistive Technology/Rehabilitation Technology Training**

|  |  |  |
| --- | --- | --- |
| 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 |
|  |  |  |  |  |  |  |  |  |  |
| **Dates of Training:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Location of Training:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Pertinent Background:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Effectiveness of Current Accommodation and Application:** |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Evaluation/Assessment Process:** |  |  |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Recommendation:** |  |  |  |  |  |  |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Additional Information:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Was this report completed within 10 days or the last service?** |
|  |  |  |  |[ ]  Yes |[ ]  No |  |  |
| Last Date of Service: |  | Click to enter |
| If no, please explain: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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 |