VR-167X
Assistive Technology/Rehabilitation Technology

167X-Assistive Technology/Rehabilitation Technology Training

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:	

Total Units of Service Provided:

Total Units of Service Authorized:

Dates of Training:

Location of Training:

Pertinent Background:

Effectiveness of Current Accommodation and Application:

Evaluation/Assessment Process:

Recommendation:

Additional Information:

Was this report completed within 10 days or the last

service?   ☐ Yes   ☐   No

Form Revised Date: 11/1/18

Last Date of Service:
If no, please explain:

Completed By:

Qualified Staff Signature	Date

Printed Name	Title

Phone Number: Email:

Form Revised Date: 11/1/18