



Assessment Services

Standardized Testing/Specialized Evaluation

Authorization #	
Aware Participant ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
	Report Date:

Customer First Name:	Customer Last Name:
Customer Phone Number:	
Customer Email Address:	

Vocational Assessment Details

Note: Evaluator must complete this report.

A Detailed Vocational Assessment Profile is required to be submitted with the VR-100X

This is a Final Report Submitted for Payment

Number of Hours Authorized:

Number of Hours Used:

Note: Unit = 1 Hour (10 Max)

Start Date:

End Date:

Drop Out Date (if applicable):

Briefly describe the evaluation process that was utilized:

Please indicate the Focus Areas of the Assessment:

- | | |
|---|---|
| <input type="checkbox"/> Academic Achievement and Potential | <input type="checkbox"/> Vocational Interests and Preferences |
| <input type="checkbox"/> Cognitive Abilities | <input type="checkbox"/> Priorities |
| <input type="checkbox"/> Aptitudes | <input type="checkbox"/> Travel/mobility/Transportation Capacities |
| <input type="checkbox"/> Personality | <input type="checkbox"/> Supports Needed for future employment |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Work Environment Characteristics for success |
| <input type="checkbox"/> Sensory-Motor Skills | <input type="checkbox"/> Customized Employment Strategies |
| <input type="checkbox"/> Other (please describe) | |

Please elaborate on your Impressions and Recommendations from the assessment:

Was a conference with the Customer and the VRC offered? Yes No

Completed By:

Printed Name

Title

Phone:

Email:

Supervisor

Printed Name

Title