

**Assessment Services**

**Diagnostic Vocational Evaluation (DVE) / Community Based Situational Assessment**

|  |  |
| --- | --- |
| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID  |

|  |  |
| --- | --- |
| VR District Office: Click arrow to select office. | Vendor: Click to enter Vendor Name |
| VRC Name: Click to enter.  | SFS Vendor ID: SFS Vendor ID. |
|  | Report Date: Click to enter a date. |

|  |  |
| --- | --- |
| Customer First Name: Click to enter | Customer Last Name: Click to enter |
| Customer Phone Number: Click to enter |
| Customer Email Address: Click to enter |

|  |
| --- |
| **Evaluation Details*****Note:*** Evaluatormust complete this report.A Detailed Vocational Assessment Profile is required to be submitted with the VR-110X**This is a Final Report Submitted for Payment** |
|  **Units of Service Utilized:** Click here to enter number of units used ***Note:*** Full Unit: Full Day (5 Hrs. Minimum) Half Unit: Half Day (2.5 Hrs. Minimum) |
|  **Dates of Service:** Click here to enter service dates |
|  **Briefly describe the evaluation process that was utilized:** ***Note:*** A detailed Vocational Assessment Report must be submitted with the VR-110X Click here to enter evaluation description. |
|  **Evaluation Format:** | [ ] Individual | [ ] Group |
|  **Was a report submitted within 10 business days of service completion?** | [ ] Yes | [ ] No |
|  **If No, please explain:** Click here to enter text. |
|  **Was a conference with the VRC offered?** [ ] Yes [ ] No |

|  |  |  |
| --- | --- | --- |
| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |

|  |  |  |
| --- | --- | --- |
| **Supervisor** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |