

**Assessment Services**

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

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

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| **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 | | |

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| **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 |