

**Assessment Services**

**Community Based Workplace Assessment (CBWA)**

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

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| --- | --- |
| 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. |

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| --- | --- |
| 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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| **CBWA Details*****Note:*** Evaluatormust complete this report.A Detailed Vocational Assessment Profile is required to be submitted with the VR-112X**This is a Final Report Submitted for Payment** |
|  **Units of Service Utilized:** Click here to enter number of units used ***Note:*** Unit = 1 Hour |
|  **Dates of Service:** Click here to enter service dates |
|  **Briefly describe the evaluation process that was utilized:** Click here to enter evaluation description. |
|  **Did the participant have informed choice in selection of the assessment site** **and activities based on their interests and known employment factors?** |
|  | [ ] Yes | [ ] No |

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|  **Does the Vocational Assessment profile report address the following topics?** |
| Attributes, Skills, and Capacities | [ ] Yes | [ ] No |
| Interests and Preferences | [ ] Yes | [ ] No |
| Priorities of the Customer | [ ] Yes | [ ] No |
|  Values and Ideals | [ ] Yes | [ ] No |
|  Travel/mobility/Transportation Capacities | [ ] Yes | [ ] No |
|  Supports Needed for future employment | [ ] Yes | [ ] No |
|  Work Environment Characteristics for success | [ ] Yes | [ ] No |
|  Suggested Customized Employment Strategies | [ ] Yes | [ ] No |
|  If any topics were not addressed in the report, explain: Click here to enter text. |
|  **Was the Work Assessment(s) completed in an integrated employment setting or community site?** | [ ] Yes | [ ] No |
| If No, please explain: Click here to enter text. |
|  **Was the Vocational Assessment Profile Report (CBWA) submitted within 10 business days of last contact?** | [ ] Yes | [ ] No |
|  **Was the Community Work Assessment fully completed?** | [ ] Yes | [ ] No |
|  If No, please explain: Click here to enter text. |
|  **Was a conference with the customer and 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. |

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