

**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 |