



## Assessment Services

### Community Based Workplace Assessment (CBWA)

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:	

<p align="center"><b>CBWA Details</b></p> <p align="center"><b>Note:</b> Evaluator must complete this report. A Detailed Vocational Assessment Profile is required to be submitted with the VR-112X <b>This is a Final Report Submitted for Payment</b></p>
<p><b>Units of Service Utilized:</b></p> <p><i>Note:</i> Unit = 1 Hour</p> <p><b>Dates of Service:</b></p> <p><b>Briefly describe the evaluation process that was utilized:</b></p> <p><b>Did the participant have informed choice in selection of the assessment site and activities based on their interests and known employment factors?</b></p> <p align="center"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No                 </p>

<p><b>Does the Vocational Assessment profile report address the following topics?</b></p> <p>Attributes, Skills, and Capacities                      <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
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VR-112X

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Interests and Preferences                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Priorities of the Customer                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Values and Ideals                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Travel/mobility/Transportation Capacities    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supports Needed for future employment        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Environment Characteristics for success | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Suggested Customized Employment Strategies   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any topics were not addressed in the report, explain:

**Was the Work Assessment(s) completed in an integrated employment setting or community site?**  Yes  No

If No, please explain:

**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:

**Was a conference with the customer and VRC offered?**  Yes  No

**Completed By:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Phone:

Email:

**Supervisor**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title