

**Assistive Technology / Rehabilitation Technology**

**Assistive Technology / Rehabilitation Technology Training**

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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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| **Assistive Technology Training Details** | | |
| **Number of Hours Authorized:** Enter number of units authorized  **Number of Hours Used for this report:** Click here to enter number of units used  ***Note:*** Unit = 1 Hour (20 Max) | | |
| **Training Dates:** Click to enter dates of service for this report. | | |
| **Training Location:** Enter Training Location | | |
| **Employment Outcome:** Enter Employment Outcome (as noted in referral). | | |
| **Please discuss the Assistive Technology that the customer is learning and the progress being**  **made throughout the training period:**  Enter assistive technology description and evaluation of customer’s progress in training. | | |
| **Additional Information and Recommendations:**  Enter Recommendations here. | | |
| **Was this report completed within 10 business days of the last service?** | | |
|  | Yes | No |
| **If not, please explain:** Click here to enter text. | | |

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