

**Assistive Technology / Rehabilitation Technology**

**Assistive Technology / Rehabilitation Technology Evaluation**

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

|  |  |  |
| --- | --- | --- |
| **Assistive Technology Evaluation Details** | | |
| **Number of Hours Authorized:** Enter number of units authorized  **Number of Hours Used:** Click here to enter number of units used  ***Note:*** Unit = 1 Hour (20 Max) | | |
| **Employment Outcome:** Enter Employment Outcome (as noted in referral). | | |
| **Please indicate the Impediments to Achieving the Employment Outcome:**  Enter impediments to employment outcome here.  **Please describe how the assistive technology device(s) and/or service(s),recommended in**  **the report, will address the customer’s functional limitations in terms of participation in**  **training and/or other services needed to assist in meeting their employment outcome.**  Enter description of how assistive technology will assist individual in achieving an employment outcome. | | |
| **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. | | |
| **Was the VRC offered a chance to attend a conference at the conclusion of the service?**  (Maintain documentation of this in the customer record) | | |
|  | Yes | No |

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