Department of Labor
DIVISION OF VOCATIONAL REHABILITATION
Assistive Technology and Accommodation(s)
Assessment
(Must Accompany DVR – 7 Authorization in Order to Receive Payment)

Name of Consumer: _____

DOB: _____

Vendor, Person Completing Form: _____

DVR Counselor: _____

Assessment of functional limitations during the assessment process:

Functional Limitation	Yes	No
Difficulty in interpreting information	☐	☐
Limitations in sight	☐	☐
Limitations in hearing	☐	☐
Susceptibility to fainting dizziness, and seizures	☐	☐
Incoordination	☐	☐
Stamina limitations	☐	☐
Head movement limitations	☐	☐
Sensation limitations	☐	☐
Difficulties in lifting, bending, reaching and carrying	☐	☐
Difficulty in manual dexterity and manipulation	☐	☐
Inability to use the upper extremities	☐	☐
Difficulty in sitting	☐	☐
Difficulty or inability to use the lower extremites	☐	☐
Poor balance	☐	☐
Cognitive limitations	☐	☐
Emotional limitations	☐	☐
Limitations due to disfigurement	☐	☐
Substance abuse	☐	☐
Pain limitations	☐	☐

Please describe the extent of the functional limitation(s) marked above (extent, duration, intensity, frequency etc.):

Recommendations (Please list any accommodations or assistive technology recommended along with a description as to how it will address the consumer's functional limitation(s):

<u>Questions to Be Addressed (If marked as No, please describe):</u>

1. Was the consumer an active part of the accommodation and assistive technology evaluation and selection processes? ☐ Yes ☐ No

2. Do the equipment/accommodations recommended take advantage of the consumer's unique abilities, capabilities and strengths? ☐ Yes ☐ No

3. Was a simple, minimal-cost solution found or considered? ☐ Yes ☐ No

4. Is the solution applicable a variety of assignments or tasks? ☐ Yes ☐ No

5. Were all accommodations requested truly "reasonable?" ☐ Yes ☐ No

Consumer Input:

Date(s) and Time(s) of Assessment:

Location(s) of Assessment:

Total Hours: _____

_____ _____

Consumer Signature **Date**

_____ _____

Provider Signature (Sign and Print) **Date**