AT Assessment Report

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is required for payment, and failure to submit reports will result in nonpayment. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Please review Technical Specifications for additional service information. Report must be submitted **within 5 days** of the end of service or previous month if service is continuing.

Report Month Select Month	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)
Purchase Order (PO) Number	Report Author
DVR Case Facilitator Name	
Functional Barriers to be Addressed	
Goals of Assessment (as provided by DVR)	
Consumer Assessment Goals	

Assessment Information

Assessor Name and Credentials	
Location of Assessment	Attendees
Dates of Assessment	Length of Assessment (in hours and minutes)
Methods and Tools Used: Describe the methods and tools used during the assessment (e.g., observation, interview, trial of specific devices, environmental review, task analysis).	
Tasks Requiring Modification: Identify what needs to be accomplished (the specific job, academic, or related-daily living task) and describe any barriers to completion. Describe what was demonstrated, tried, or reviewed during the assessment.	

Solutions and Recommendations: Describe potential solutions, including pros and cons, and applicability to identified goals and tasks (e.g., Speech-to-text program to enable email communication between employees). Visuals, photos, or screenshots may be helpful to clarify or illustrate recommendations. *This section should not be used for specific brand information or pricing.

List of Product Recommendations:

Include internet links and attach quotes when available. Visuals, photos, or screenshots may be helpful to specify recommendations.

Identify recommendations related to:

- Employment goal (including education-related needs):

- Future job needs (for when employment is obtained):

- Additional or secondary considerations (not employment-related but beneficial):

Training Recommendations

If training is recommended to support the consumer in learning to use Assistive Technology, complete this section.

Summary

Describe the overall purpose and goals of training, including what the consumer needs to learn or accomplish.

Training Details

Products/Skills for Training: (List each device, program, or skill area requiring training)

Number of Sessions & Hours Recommended: (Include projected start and end dates if known)

Training Provider and Location: (Identify who will conduct training and where)
Planned Strategies and Progress Measures: (Outline how progress will be evaluated and expected outcomes)

Expectations and Considerations

Trainer Expectations & Responsibilities: (e.g., provide structured instruction, communicate progress, document outcomes)
Consumer Expectations & Responsibilities: (e.g., active participation, practice skills, communicate challenges)
Potential Barriers to Training: (e.g., disability-related factors, transportation, scheduling)
Other Associated Costs: (e.g., transportation, medical, childcare, etc.)
Alternate Funding Sources: (e.g., Family Care, school, TEPP, etc.)

Use the space after this line for any additional information.