

Arizona Department of Economic Security
Rehabilitation Services Administration
Independent Living Older Blind Rehabilitation Instructional Services for Blind and Visually Impaired
Evaluation Report

Vendor Company Name: XYZ Vendor Company

Vendor Representative's Name: Rosalie Representative

ILOB Client Name: Clark Client

ILOB Staff Member Name: Sally Staff

RSA Authorization #: 00000001A1

ILOB Assistive Technology (AT) Services Evaluation

ILOB AT Evaluation Date (MM/DD/YYYY): 07/07/2025

ILOB AT Evaluation Start Time: 2:00 PM

ILOB AT Evaluation End Time: 3:30 PM

Number of Hours for ILOB AT Evaluation: 1.5

List General AT Equipment already owned by ILOB Client that require training. Provide justification on how the General AT Equipment will help meet the ILOB Client's independent living goals:

1. General AT Equipment: Screen reader - JAWS (Job Access with Speech)

Justification: ILOB Client will be using a computer throughout their day for communication, time management, and budgeting. The screen reader will assist the Client with data entry, calendar use, and email communication, etc.

Training Approved by ILOB Staff Member Yes No

2. General AT Equipment: _____

Justification: _____

Training Approved by ILOB Staff Member Yes No

3. General AT Equipment: _____

Justification: _____

Training Approved by ILOB Staff Member Yes No

4. General AT Equipment: _____

Justification: _____

Training Approved by ILOB Staff Member Yes No

5. General AT Equipment: _____

Justification: _____

Training Approved by ILOB Staff Member Yes No

If needed, add additional AT Equipment on a separate document and combine into a single PDF reporting packet

List General AT Equipment requested for ILOB Client and provide justification for each:

1. General AT Equipment: Victor Reader Stream (Audio Book Player / Media Access Device)

Arizona Department of Economic Security
Rehabilitation Services Administration
Independent Living Older Blind Rehabilitation Instructional Services for Blind and Visually Impaired

Evaluation Report

Justification: This device provides access to audio books, podcasts, and notes in an accessible format. ILOB Client will then be able to access written material independently, which will enhance daily living skills.

What comparable AT equipment (products) in the same category was assessed and evaluated with the ILOB Client? The Milestone 312 Ace and PLEXTALK Pocket were assessed and evaluated with the ILOB Client.

Equipment and Training Approved by ILOB Staff Member Yes No

Equipment will be shipped to: RIS BVI Vendor ILOB Client

2. General AT Equipment: _____

Justification: _____

What comparable AT equipment (products) in the same category was assessed and evaluated with the ILOB Client? _____

Equipment and Training Approved by ILOB Staff Member Yes No

Equipment will be shipped to: RIS BVI Vendor ILOB Client

3. General AT Equipment: _____

Justification: _____

What comparable AT equipment (products) in the same category was assessed and evaluated with the ILOB Client? _____

Equipment and Training Approved by ILOB Staff Member Yes No

Equipment will be shipped to: RIS BVI Vendor ILOB Client

4. General AT Equipment: _____

Justification: _____

What comparable AT equipment (products) in the same category was assessed and evaluated with the ILOB Client? _____

Equipment and Training Approved by ILOB Staff Member Yes No

Equipment will be shipped to: RIS BVI Vendor ILOB Client

5. General AT Equipment: _____

Justification: _____

What comparable AT equipment (products) in the same category was assessed and evaluated with the ILOB Client? _____

Equipment and Training Approved by ILOB Staff Member Yes No

Equipment will be shipped to: RIS BVI Vendor ILOB Client

ILOB Orientation and Mobility (O&M) Training Evaluation

ILOB O&M Evaluation Date (MM/DD/YYYY): 07/08/2025

Arizona Department of Economic Security
Rehabilitation Services Administration
Independent Living Older Blind Rehabilitation Instructional Services for Blind and Visually Impaired
Evaluation Report

ILOB O&M Evaluation Start Time: 2:00 PM

ILOB O&M Evaluation End Time: 4:00 PM

Number of Hours for ILOB O&M Evaluation: 2

Referring to the CSP (Exhibit V1) list of skills and training components for ILOB O&M, describe the ILOB Client's indoor travel ability: ILOB Client navigated indoors well for the most part, but Client had difficulty intersecting through hallways and turns. Client was unable to navigate around large objects (i.e. a coffee table in the center of the room).

Recommendations for training and support for indoor travel ability: The recommendation is for continued training with pre-cane skills: protective techniques and human guide. In addition, continued training with cane technique, which will include long cane use and blindfold training.

Referring to the CSP (Exhibit V1) list of skills and training components for ILOB O&M, describe the ILOB Client's outdoor travel ability: ILOB Client could not navigate outdoors. Client was unable to follow traffic patterns and walk signs. Client could not identify bus numbers and did not have success moving in crowded areas. Client did show safe cane skills and was walking at an appropriate pace. Client did not know how to use the bus and was unsure how to plan routes. Client is very confident with their main cardinal directions and does know which direction they are walking in.

Recommendations for training and support for outdoor travel ability: The recommendation for training for outdoor travel ability is the following: Basic Concept Development (landmarks), Residential Travel (navigating through along buildings, curbs crosswalks, traffic signals, etc.), Light Business Travel (navigating through public buildings, outdoor steps and stairs, projections, etc.), and Public Transportation training (bus).

ILOB Client Signature: Clark Client Date: 07/08/2025

ILOB Client Guardian/Representative
Signature (if applicable) _____ Date: _____

Vendor Representative Signature: Rosalie Representative Date: 07/08/2025

ILOB Staff Member Signature: Sally Staff Date: 07/08/2025