

Arizona Department of Economic Security
Rehabilitation Services Administration
Rehabilitation Instructional Services for Blind and Visually Impaired
Client Service Plan

Client Service Plan Meeting Date (MM/DD/YYYY): 07/02/2025

Client Service Plan Start Time: 1:00 PM

Client Service Plan End Time: 2:00 PM

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: Rosalie Representative

VR Client Name: Clark Client

VR Counselor Name: Christie Counselor

RSA Authorization #: 00000000A1

VR Counselor agrees that the following One-on-One hours of RIS BVI services are needed to assist the VR Client in achieving their independent living objectives identified, by core area:

Assistive Technology (AT) Services: 30

Adjustment to Disability (AD): 15

Orientation and Mobility (O&M) Training: 45

Communication Skills Training (CST): 10

Work-Related Living Skills Training (WRLST): 10

Anticipated Date of RIS BVI Completion (MM/DD/YYYY): 10/31/2025

Skill Level	Description
0	Demonstrates No Skill
1	Demonstrates Limited or Inconsistent Skill Performance
2	Demonstrates Basic, but Inconsistent Skill Performance
3	Demonstrates Good and Consistent Skill Performance
4	Excellent Skills

Arizona Department of Economic Security
Rehabilitation Services Administration
Rehabilitation Instructional Services for Blind and Visually Impaired
Client Service Plan

1. SPECIFIC SERVICE OBJECTIVES PER TRAINING AREA

Using the above RIS BVI Skills Level Description, describe specific services in clear and measurable terms needed for each core area identified below for the VR Client to achieve their independent living goals and function more independently in the workplace, home, and community.

Assistive Technology (AT) Services

Training Necessary Yes No

Overall AT Starting Skill Level: 2

AT Evaluation Necessary Yes No

Details of Services Needed: VR Client needs instruction and training for AT hardware and software, on equipment (JAWS) already owned by the VR Client. VR Client needs set-up and installation assistance.

Please identify if training will be needed for each Assistive Technology Services component below:

1. Learn to Understand and use word processing programs (navigating menus, creating a document, editing a document, spell check printing a document, saving a document) Yes No
2. Learn to understand and use e-mail programs Yes No
3. Obtain basic knowledge to access various AT websites and resources Yes No
4. Learn to understand and use computer operating systems Yes No
5. Learn and understand speech access (familiar with screen navigation keys, ability to modify voice parameters, using various cursors to read window sections, saving configurations) Yes No
6. Learn and understand screen magnification Yes No
7. Learn and understand scanner and handheld devices/OCR Yes No
8. Learn to understand and use antivirus internet security software Yes No
9. Learn keyboarding skills (include input method, words per minute, and % accuracy) Yes No
10. Learn how to use the internet including launching internet software, navigating the website using basic commands, ability to access the address bar and search bar, navigate internet links, add web addresses to Favorites Yes No
11. Learn and understand Deaf Blind/Dual Sensory Technology Yes No
12. Learn and understand refreshable braille technology including braille display modes, navigation/control keys Yes No
13. Learn braille translation software and embossing Yes No
14. Demonstrates how to use personal video phone equipment Yes No
15. Demonstrates using applicable mobile devices including applications and peripherals Yes No
16. Demonstrates how to use personal assistive listening systems Yes No
17. Other AT component, if applicable: _____

Arizona Department of Economic Security
Rehabilitation Services Administration
Rehabilitation Instructional Services for Blind and Visually Impaired
Client Service Plan

18. Other AT component, if applicable: _____

General AT Equipment Requested (not for a specific service below): None.

Explanation of AT Equipment Need: _____

Adjustment to Disability (AD)

Training Necessary Yes No

Overall AD Starting Skill Level: 2

AD Evaluation Necessary: Yes No

Details of Services Needed: VR Client needs training and support in self-advocacy to encourage the VR Client to advocate for themselves.

Please identify if training will be needed for each Adjustment to Disability component below:

1. Learn the impact of disability(ies) on independent living Yes No
2. Learn how body language and mannerisms affect interaction with others Yes No
3. Learn the skills to develop positive social skills Yes No
4. Learn independent problem-solving skills Yes No
5. Learn self-advocacy skills to obtain services & personal rights & respect to which they are entitled Yes No
6. Participate in activities involving wellness and recreation and community involvement Yes No
7. Learn the skills to cope effectively with disability and/or life situations and stressors Yes No
8. Demonstrate the ability to utilize peer support and mentoring to foster self-confidence Yes No
9. Other AD component, if applicable: _____
10. Other AD component, if applicable: _____

Orientation and Mobility (O&M) Training

Training Necessary Yes No

Overall O&M Starting Skill Level: 1

O&M Evaluation Necessary: Yes No

Details of Services Needed: VR Client needs training to develop skills necessary for safely navigating an identified environment. The following training is needed: Basic Concept Development, Pre-Cane Skills, Cane Technique, Residential Travel, Light Business Travel, and Public Transportation.

Please identify if training will be needed for each Orientation and Mobility Training component below:

1. Demonstrates how to navigate indoors, determine intersecting hallways and turns, doorways, and building entrances Yes No
2. Demonstrates how to navigate outdoors, grassline/edge of road, path, yard Yes No
3. Demonstrates basic navigation through unknown areas Yes No

Arizona Department of Economic Security
Rehabilitation Services Administration
Rehabilitation Instructional Services for Blind and Visually Impaired
Client Service Plan

- 4. Demonstrates the skills to follow traffic patterns in the following: traffic signals, walk signs, crosswalk lines
 Yes No
- 5. Demonstrates how to navigate stop signs and street crossings, learn type of traffic control, estimate amount of traffic flow and width of intersection by using nonvisual methods Yes No
- 6. Demonstrates how to identify house numbers, landmarks, bus/light rail numbers Yes No
- 7. Demonstrates how to move in shadowy or dark areas Yes No
- 8. Demonstrates how to move in crowded areas Yes No
- 9. Demonstrate safe cane skills, cane arc, standard and pencil grip, walking at appropriate pace Yes No
- 10. Demonstrates how to travel in residential and light business areas Yes No
- 11. Demonstrates how to use public transportation (bus, light rail, taxi, paratransit, locate a vacant seat on a city bus) Yes No
- 12. Demonstrates how to use the address system to logically plan routes and methods to determine systems of other cities Yes No
- 13. Demonstrates how to verbalize the four main cardinal directions Yes No
- 14. Other O&M components, if applicable: _____
- 15. Other O&M component, if applicable: _____

Equipment Requested for O&M Component Training: None.

Explanation of Equipment Need: _____

Communication Skills Training (CST)

Training Necessary Yes No

Overall CST Starting Skill Level: 2

CST Evaluation Necessary: Yes No

Details of Services Needed: VR Client needs training to use various methods of communication to receive and express information. VR Client needs instruction in time management and how to use the telephone.

Please identify if training will be needed for each Communication Skills Training component below:

- 1. Demonstrates the ability to use a tape recorder, memo recorder and digital recorder Yes No
- 2. Demonstrates uncontracted braille reading skills (words per minute and % accuracy) Yes No
- 3. Demonstrates contracted braille reading skills (words per minute and % accuracy) Yes No
- 4. Demonstrates Slate & Stylus writing skills (words per minute and % accuracy) Yes No
- 5. Demonstrates computer braille reading skills (words per minute and % accuracy) Yes No
- 6. Demonstrates handwriting skills (writing guide, template) Yes No
- 7. Learn braille using Braillewriter (words per minute and % accuracy) Yes No

Arizona Department of Economic Security
Rehabilitation Services Administration
Rehabilitation Instructional Services for Blind and Visually Impaired
Client Service Plan

8. Demonstrates telephone skills in the following areas: dialing 911, directory assistance, recording telephone numbers accurately and taking messages; proper telephone etiquette, managing address book Yes No

9. Other CST component, if applicable: _____

10. Other CST component, if applicable: _____

Equipment Requested for CST: None.

Explanation of Equipment Needed: _____

Work-Related Living Skills Training (WRLST)

Training Necessary Yes No

Overall WRLST Starting Skill Level: 2

WRLST Evaluation Necessary: Yes No

Details of Services Needed: VR Client needs instruction to assist them in learning independent living skills to complete activities of daily living necessary for maintaining employment. VR Client needs instruction on personal management skills like the following: caring and selecting clothing, managing personal grooming activities, maintaining important records and budgeting.

Please identify if training will be needed for each Work-Related Living Skills Training component below:

1. Develop time management skills using clock, watch, setting alarms, timer Yes No
2. Develop a system to remember important dates, planning a schedule, and maintaining a calendar Yes No
3. Learn handwriting skills (writing guide, template, signature stamp) Yes No
4. Demonstrate food preparation skills (pouring hot and cold liquids, opening jars, boxes, spreading, cut, slice and dice, measuring liquid and dry ingredients, identifying package content, labeling food) Yes No
5. Demonstrate the ability to safely use the stovetop, oven, microwave, dishwasher and other appliances Yes No
6. Demonstrate the ability to wash and dry dishes, clean work surfaces, organize and identify cleaning supplies Yes No
7. Demonstrate the ability to store food properly and safely Yes No
8. Learn basic cleaning techniques (dusting, mopping, vacuuming floors, clean bathroom, organize and identify cleaning supplies) Yes No
9. Demonstrate the ability to launder clothing (sorting, measuring detergent, identify and treat stains, operate washer dryer, select clothes for dry cleaning) Yes No
10. Learn banking systems to do online and phone banking, ATM use, writing checks, balance checkbook Yes No
11. Learn budgeting skills, paying bills on time, and maintaining financial records Yes No
12. Learn money identification (coins, paper currency, identifying credit/debit cards, make change, make purchases) Yes No

Arizona Department of Economic Security
Rehabilitation Services Administration
Rehabilitation Instructional Services for Blind and Visually Impaired
Client Service Plan

13. Learn medication management techniques (identify medication, renew prescriptions, label medications)
 Yes No

14. Learn how to identify clothing colors, shop for clothes, iron clothing Yes No

15. Learn how to read mail, organize bills and paperwork Yes No

16. Other WRLST component, if applicable: _____

17. Other WRLST component, if applicable: _____

Equipment Requested for WRLST: None.

Explanation of Equipment Need: _____

2. OUTCOME OF THE SERVICE PLANNING MEETING

Check one (1):

Vendor accepts referral and agrees to begin services within ten (10) business days from the Client Service Plan meeting

Vendor or VR Client declines referral. Explain why: _____

VR Client or VR Counselor was a "no-show" for Client Service Plan meeting (one (1) time max. fifteen (15) minute billing for discussion of service provision and outreach to party not present)

Revised Client Service Plan. Date Revised: _____

If unable to start service within ten (10) business days, please explain why: _____

VR Client Signature: Clark Client Date: 07/02/2025

VR Client Guardian/Representative

Signature (if applicable) _____ Date: _____

Vendor Representative Signature: Rosalie Representative Date: 07/02/2025

VR Counselor Signature: Christie Counselor Date: 07/02/2025