

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

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

Assistive Technology (AT) Services Evaluation

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

AT Evaluation Start Time: 2:00 PM

AT Evaluation End Time: 3:30 PM

Number of Hours for AT Evaluation: 1.5

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

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

Justification: VR Client will be using a computer throughout out their day at their current place of employment. The screen reader will assist the VR Client with data entry, email communication, video conferences, etc.

Training Approved by VR Counselor: Yes No

2. General AT Equipment: _____

Justification: _____

Training Approved by VR Counselor: Yes No

3. General AT Equipment: _____

Justification: _____

Training Approved by VR Counselor: Yes No

4. General AT Equipment: _____

Justification: _____

Training Approved by VR Counselor: Yes No

5. General AT Equipment: _____

Justification: _____

Training Approved by VR Counselor: 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 VR Client and provide justification for each:

1. General AT Equipment: _____

Justification: _____

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

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

2. General AT Equipment: _____

Justification: _____

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

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

3. General AT Equipment: _____

Justification: _____

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

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

4. General AT Equipment: _____

Justification: _____

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

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

5. General AT Equipment: _____

Justification: _____

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

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

Adjustment to Disability (AD) Evaluation

AD Evaluation Date (MM/DD/YYYY): _____

AD Evaluation Start Time: _____

AD Evaluation End Time: _____

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Number of Hours for AD Evaluation: _____

Referring to the CSP (Exhibit W1) list of skills and training components for AD, describe the VR Client's abilities: _____

Recommendations for training and support for AD: _____

Training Approved by VR Counselor: Yes No

Orientation and Mobility (O&M) Training Evaluation

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

O&M Evaluation Start Time: 2:00 PM

O&M Evaluation End Time: 4:00 PM

Number of Hours for O&M Evaluation: 2

Referring to the CSP (Exhibit W1) list of skills and training components for O&M, describe the VR Client's indoor travel ability: VR Client navigated indoors well for the most part, but VR Client had difficulty intersecting through hallways and turns. The VR 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 W1) list of skills and training components for O&M, describe the VR Client's outdoor travel ability: VR Client could not navigate outdoors. VR Client was unable to follow traffic patterns and walk signs. VR Client could not identify bus numbers and did not have success moving in crowded areas. VR Client did show safe cane skills and was walking at an appropriate pace. VR Client did not know how to use the bus and was unsure how to plan routes. VR 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).

1. Equipment Requested for O&M Training: None.

Justification: _____

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

2. Equipment Requested for O&M Training: _____

Justification: _____

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Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

3. Equipment Requested for O&M Training: _____

Justification: _____

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

Communication Skills Training (CST) Evaluation

CST Evaluation Date (MM/DD/YYYY): _____

CST Evaluation Start Time: _____

CST Evaluation End Time: _____

Number of Hours for CST Evaluation: _____

Referring to the CSP (Exhibit W1) list of skills and training components for CST, describe the VR Client's abilities:

Recommendations for training and support for CST: _____

1. Equipment Requested for CST Training: _____

Justification: _____

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

2. Equipment Requested for CST Training: _____

Justification: _____

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

3. Equipment Requested for CST Training: _____

Justification: _____

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

Work-Related Living Skills Training (WRLST) Evaluation

WRLST Evaluation Date (MM/DD/YYYY): _____

WRLST Evaluation Start Time: _____

WRLST Evaluation End Time: _____

Number of Hours for WRLST Evaluation: _____

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Referring to the CSP (Exhibit W1) list of skills and training components for WRLST, describe the VR Client's personal (self) management abilities: _____

Recommendations for training and support for home management: _____

1. Equipment Requested for WRLST Training: _____

Justification: _____

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

2. Equipment Requested for WRLST Training: _____

Justification: _____

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

3. Equipment Requested for WRLST Training: _____

Justification: _____

Equipment and Training Approved by VR Counselor: Yes No

Equipment will be shipped to: RIS BVI Vendor VR Client

VR Client Signature: _____ *Clark Client* _____ Date: 07/08/2025

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

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

VR Counselor Signature: _____ *Christie Counselor* _____ Date: 07/08/2025