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| Texas Workforce Solutions logo | Texas Workforce Commission**Vocational Rehabilitation Services****Assistive Technology Services for Customers with Visual Impairments Referral**   |
| Customer Information  |
| Service Requested:       |
| **VR Counselor Name:**      | **Caseload Number:**       | **Contact Number** (include area code)**:**      |
| **Trainer Name and Contractor Agency:**      | **Date of Referral:**      |
| **Customer’s Name:**      | **Customer’s date of birth**:       | **Customer’s Primary Language:**      |
| **Customer’s street address:**      | **City:**      | **State:**      | **ZIP Code:**      |
| **Customer’s Contact Number** (include area code)**:**  | **Alternate Contact Number** (include area code)**:**      |
| **Best Day(s) to Contact (if any):**      |
| **Customer’s Educational and/or Vocational Goal(s):**       |
| **Visual Diagnosis:**       |
| **Visual Acuity:**      | **O D (right eye):**      | **O S (left eye):**      | **Visual Fields:**      |
| **Other Additional Information:**       |
| Circumstances that May Impact Services    |
| **Secondary Disability:**      |
| **If secondary disability is deaf blindness, what is the customer’s primary form of communication?**      |
| **Level of Education:** | **Known Health Issues/ Safety Concerns:**      |
| **Additional Information:**       |
| Customer’s Hardware and Software   |
| **List the customer’s current hardware:**      |
| **List the customer’s current software:**       |
| AT Training Guide Topics  |
| *Select all check box(s) that apply and provide a description of the skill after the colon, if* *applicable.* [ ]  Key Boarding Skills:      [ ]  Setting up the Workstation:     [ ]  Operating Feature, Function, and Maintenance:      [ ]  Screen Readers, Screen Magnification, Braille Access, and Speech Recognition Access:      [ ]  The Word Processor:      [ ]  The Internet and the World Wide Web:      [ ]  Viewing and Creating Microsoft PowerPoint Presentations:      [ ]  Viewing and Creating Spreadsheets using Microsoft Excel:      [ ]  OCR Software with scanner/cameras, stand-alone OCR Devices, and Braille Translation Software  with Braille embossers:      [ ]  Braille Note Takers:      [ ]  Mobile Operating Systems:      [ ]  Computer Skills and Mobile Operating System Skills Post Training Assessments:      [ ]  Other:       |
| Training Methods:   |
| VR counselor approves the AT services to be conducted: (choose one) [ ]  In person [ ]  Remotely [ ]  Combination, in person and remotely**Additional Comments**:       |
| Training Location(s)   |
| *Select the check box(s) below that apply.*   |
| [ ]  Customer’s home/family home[ ]  Customer’s work site[ ]  Customer’s school or vocational training site |  [ ]  AT service provider’s facility [ ]  Unknown [ ]  Other (specify):        |
| Additional Information Provided by TWC-VR at Referral  |
| [ ]  Assistive Technology Evaluation Report, if applicable[ ]  Other:       |