



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.

- | | |
|--|---|
| <input type="checkbox"/> Customer's home/family home | <input type="checkbox"/> AT service provider's facility |
| <input type="checkbox"/> Customer's work site | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Customer's school or vocational training site | <input type="checkbox"/> Other (specify): |

Additional Information Provided by TWC-VR at Referral

- Assistive Technology Evaluation Report, if applicable
- Other: