The purpose of this review is to determine if case documentation is in compliance with state and federal regulations and agency policy. Indicate with a check if the following are present in the case; present means appropriate parts of forms are completed, signatures obtained, etc. VR Supervisor shall also provide narrative review where indicated.

(P = Present, NP = Not Present, N/A = Not Applicable)

1. Referral
   Contact with consumer within 5 days of referral

2. Application and Consumer Rights
   Signed and dated
   Rights and responsibilities signed
   Informed Choice information provided
   Appropriate mode of communication used
   Signed consent(s) for release of information to family members, authorized representatives, or other parties (completed and updated annually)

Supervisor’s Comments (narrative description of quality of documented counseling on informed choice)

3. Eligibility and Documentation of Physical / Mental Impairment
   Secondary school records
   Disability award letter
   Existing records
   Diagnostics
   Documentation of trial work experiences
   SSI/SSDI verification and documentation of intent to work
   Substantial impediment to employment
   Certificate of Eligibility
   If not with 60 days, Time Extension form with appropriate reasoning
   Certificate of Ineligibility Provided

Supervisor’s Comments (narrative description of quality of functional assessment and eligibility determination)
4. **Order of Selection**  
Copy of OOS letter present and signed in case file…………………………………………….. _ _

5. **Comprehensive Assessment**  
General health status review…………………………………………………………………………. _ _ _
Explanation of unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, including the need for supported employment……………………………………………………………………………….. _ _ _
Documentation identifies and describes vocational rehabilitation needs……… _ _ _
Explanation of vocational rehabilitation services needed……………………………………. _ _ _
Explanation of potential to benefit from rehabilitation technology........ _ _ _

Supervisor’s Comments (description of quality of comprehensive assessment)

6. **Employment Outcome and IPE**  
Documentation supports type of plan (i.e., VR, SE or Self-Employment) ........... _ _
Consumer provided options for developing IPE……………………………………………. _ _
IPE developed within 90 days of eligibility……………………………………………………. _ _ _
…………………………………………………………………………………………. _ _ _
Documentation that employment outcome, services provided, and service providers, are consistent with consumer’s informed choice, unique characteristics, and VR needs…………………………………………………………………….. _ _ _
Services identified…………………………………………………………………………………. _ _
Providers designated where possible………………………………………………………… _ _
Estimated costs……………………………………………………………………………………………. _ _
Time frames: Beginning and ending dates…………………………………………………… _ _
Objectives/Consumer’s responsibilities………………………………………………………. _ _
All IPEs in the record with all required signatures ............................... _ _
Documentation of consumer’s informed choice and involvement............... _ _
Outcome/outcome dated completed………………………………………………………. _ _
Annual reviews…………………………………………………………………………………………….. _ _ _

Supervisor’s Comments (description of quality of support for employment goal, evidence that counselor is monitoring progress in working toward goal, including timely IPE review, when necessary, IPE services are appropriate to address functional limitations and meet employment goal, any gaps or delays in service are explained in the record)
7. For Transition Youth Cases
   IPE approved and signed prior to exiting school.......................... P NP N/A
   Documentation of school activities that prepared student for post-secondary
   training, education or employment .................................................. P NP N/A
   Documentation of career exploration and vocational guidance that was
   provided prior to student exiting school............................................. P NP N/A

8. Fiscal Review
   Financial participation completed annually and signed by client .................... P NP N/A
   Comparable benefits addressed................................................................ P NP N/A
   Services provided consistent with agency policies (i.e. least cost, local
   preference, licensure/accreditation, etc.)................................................. P NP N/A
   Signatures on IPE on or before authorization date..................................... P NP N/A
   Authorizations agree with IPE and amendments...................................... P NP N/A
   Authorization dates on or before authorized services............................. P NP N/A
   Authorizations canceled, corrected or verification of service provision within
   45 days ......................................................................................... P NP N/A

9. Closure
   Employment outcome is consistent with the employment goal on the IPE ......... P NP N/A
   Documentation that employment outcome is satisfactory to consumer and
   counselor.................................................................................... P NP N/A
   Documentation that consumer and counselor agree that the consumer is
   performing well on the job.............................................................. P NP N/A
   Documentation that the consumer’s wage is not less minimum wage or what is
   customarily paid by the employer for the same work performed by
   non-disabled individuals.................................................................. P NP N/A
   Documentation that work is performed in an integrated setting ................. P NP N/A

Reviewer’s Comments:

Counselor’s Comments:
Corrective Actions Needed: