



**Nebraska VR**  
Nebraska Department of Education

State Office • PO Box 94987  
Lincoln, NE 68509-4987

**CASE REVIEW INSTRUMENT  
VOCATIONAL EVALUATION  
8/27/2012**

Client Name:	VR Staff:
Reviewer:	Date:

Impairment(s):

Referral Date: \_\_\_\_\_ First Meeting Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_

QUESTIONS	Y/N/NA	COMMENTS
1. Was the reason for evaluation identified prior to the start of the evaluation?		
2. Was the team service for Career Planning and/or Community Assessment included in the Assessment Services screen?		
3. Was the time from referral to client's first scheduled appointment within 15 working days?		
4. Were assessment activities administered appropriately for the client's situation?		
5. Was an on-the-job evaluation completed or would it have been beneficial to complete one?		
6. Are the assessment results documented in the Vocational Evaluation Report in QE2?		
7. Has the evaluator identified a job goal(s) and/or recommendations upon completion of the evaluation?		
8. If a job goal(s) was identified is it consistent with the client's impairment and restrictions?		
9. Were the job readiness/planning factors and work characteristics considered?		
10. Were appropriate recommendations made		

regarding the job readiness/planning factors and work characteristics?		
11. Is an evaluation summary with recommendations documented in the Vocational Evaluation Report in QE2?		
12. Was the Vocational Evaluation Summary Report completed within ten working days from date evaluation was completed?		

Additional Comments: