|  |  |  |  |
| --- | --- | --- | --- |
| Client Name: | ID No.: | | Application Date: |
|  |  | |  |
| Counselor Name: | District: | Score: | Eligibility Date: |
|  |  | 100.00% |  |
| Reviewer Name: | Review Date: | | IPE Date: |
|  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Paper File: Section 1** |  | **Status** | **Points** | **Note Number** |
| **1 Certificate of Eligibility/Eligibility Determination:** |  |  |  |  |
| Signed |  |  |  |  |
| Timely |  |  |  |  |
| **2 Ineligibility Form** |  |  |  |  |
| **3 SSI/SSDI request/verification** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Paper File: Section 2** |  | **Status** | **Points** | **Note Number** |
| **4 Application for services:** |  |  |  |  |
| Signed |  |  |  |  |
| Application dated next to signature |  |  |  |  |
| Date stamped |  |  |  |  |
| **5 Initial interview:** |  |  |  |  |
| In file |  |  |  |  |
| All questions answered |  |  |  |  |
| ***AWARE***: Entered as a letter |  |  |  |  |
| **6 Maintenance:** |  |  |  |  |
| Form 107 complete |  |  |  |  |
| Form 257 complete |  |  |  |  |
| ***AWARE***: Justifications entered |  |  |  |  |
| **7 Initial IPE:** |  |  |  |  |
| Timely |  |  |  |  |
| Signed |  |  |  |  |
| Dated |  |  |  |  |
| ***AWARE***: Vocational goal appropriate |  |  |  |  |
| ***AWARE***: Plan reflects assessments |  |  |  |  |
| **8 Plan Amendments:** |  |  |  |  |
| Signed |  |  |  |  |
| Dated |  |  |  |  |
| Plan date after signature date (plans after 05/15/2012) |  |  |  |  |
| ***AWARE***: Justifications for amendments entered |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Paper File: Section 3** |  | **Status** | **Points** | **Note Number** |
| **9 Release of Information forms:** |  |  |  |  |
| Signed |  |  |  |  |
| Dated |  |  |  |  |
| **10 Vocational Evaluation obtained** |  |  |  |  |
| **11 Reports support expenditures:** |  |  |  |  |
| In file |  |  |  |  |
| Reports support the service |  |  |  |  |
| **12 *AWARE***: Eye exam section current |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Paper File: Section 4** |  | **Status** | **Points** | **Note Number** |
| **13 Authorizations:** |  |  |  |  |
| In chronological order |  |  |  |  |
| Invoices attached |  |  |  |  |
| Payment reconciled |  |  |  |  |
| ***AWARE:*** Justifications entered |  |  |  |  |
| **14 Equipment forms:** |  |  |  |  |
| Complete |  |  |  |  |
| Signed by client |  |  |  |  |
| Dated by client |  |  |  |  |
| Signed by counselor |  |  |  |  |
| Dated by counselor |  |  |  |  |
| ***AWARE***: Low Vision Policy followed |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Paper File: Section 5** |  | **Status** | **Points** | **Note Number** |
| **15 Introduction letter:** |  |  |  |  |
| In file |  |  |  |  |
| Timely |  |  |  |  |
| **16 Denial of Services:** |  |  |  |  |
| Letter in file |  |  |  |  |
| Case note |  |  |  |  |
| **17 Closure:** |  |  |  |  |
| Letter signed |  |  |  |  |
| Letter timely |  |  |  |  |
| ***AWARE***: Client is contacted prior to closure |  |  |  |  |
| ***AWARE***: Closure report includes visual status |  |  |  |  |
| ***AWARE***: Services completed prior to employment |  |  |  |  |
| ***AWARE***: Employment position matches goal |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Paper File: Section 6 & Beyond** |  | **Status** | **Points** | **Note Number** |
| **18 Miscellaneous documents (if in file):** |  |  |  |  |
| Directions |  |  |  |  |
| Case Review Forms with Corrective Actions |  |  |  |  |
| Resume |  |  |  |  |
| **19 File in correct order** |  |  |  |  |
| **20 *AWARE:*** Monthly Employment Notes |  |  |  |  |
| **21 *AWARE:*** Client contact at least quarterly |  |  |  |  |
| **22 College student contact (per semester):** |  |  |  |  |
| Two contacts made |  |  |  |  |
| Face to face contact recorded |  |  |  |  |
| Semester review complete |  |  |  |  |
| **23 *AWARE:***  Services provided continuously |  |  |  |  |

|  |  |
| --- | --- |
| **Notes** | |
|  | |
| Reviewer’s Signature: | DA Signature: |
|  |  |

|  |  |
| --- | --- |
| **Corrective Action** | |
|  | |
| Reviewer’s Signature: | DA Signature: |
|  |  |
| Date: | Date: |

**Point Scale:**

Fully Met = 3

Partially Met = 2

Not Met = 1

NA = 0

**Score Calculation:**

|  |  |  |
| --- | --- | --- |
| Numerator: |  |  |
| 1. Total Points for Review |  | 0 |
| Denominator: |  |  |
| 1. Total Number of Questions | 23 |  |
| 1. Subtract Number of “NA” Questions | 23 |  |
| 1. Total Answered Questions (b minus c) | 0 |  |
| 1. Maximum Points Per Question | 3 |  |
| 1. Maximum Points for this Review (d times e) |  | 0 |
| Score (Numerator divided by Denominator) |  | 100.00% |

**Instructions:**

* Use this form to record your review of a client’s hard case and electronic case.
* Each question should be rated according to whether the element is Fully Met, Partially Met, Not Met, or Not Applicable.
* Your observation is to be recorded in the “status” column for the individual questions.
* Some questions have sub-parts to assist in determining the degree an element is met. For instance, question number 1 has 2 sub-parts related to a signature and timeliness. Fully Met would mean both components are answered “yes.” Partially Met would mean at least one component is answered “yes.” Not Met would mean that all components are answered “no.”
* Points are assigned to ratings according to the point scale above. Enter the numerical rating in the “points” column.
* Use the “Note Number” column to record a reference to further documentation for the question that is entered in the Notes area toward the bottom of the form. Number your entry in the “Notes” section to correspond with the number entered in the “Note Number” column.
* When finished, calculate the score using the “score calculation” section above.