



# Plan Development Quality Assurance Review Form

<b>Reviewer</b>	<b>Review Date</b>
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**Plan approved first review?** Yes  No       **Resubmitted plan?** Yes  No

Worker Name	Claim Unit	Claim #
DOI	Worker Age	Time of injury job

Vocational Firm	Provider # & Branch #	Report Date
Assigned VRC Name & Provider #		
VRC Phone and Extension #	VRC FAX #	

**Mark all boxes where information is complete and accurate:**

**1. Proposed Plan**

1A	<input type="checkbox"/> Proposed plan information
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**2. Encumbrance Forms**

2A	<input type="checkbox"/> Plan Time Encumbrance
	<input type="checkbox"/> Plan Cost Encumbrance
	<input type="checkbox"/> Plan Transportation Encumbrance
	<input type="checkbox"/> Plan Room and Board Encumbrance
2B	<input type="checkbox"/> Explanation of Costs for each billing category on the encumbrance forms
Comments	

### 3 Rationale

Rationale for Selection of Return-to-Work Goal completed using information based on worker interest, education, employment history and labor market information

### 4 Medical Information

4A  Current Physical Capacities/JA

4B  Pre-existing

4C  Accepted

4D  Denied

4E  Post-industrial

4F  Pre-job accommodations

4G  IMEs

### 5. Vocational Information

5A  Return-to-Work Priorities addressed

5B  High school education

5C  Other school or vocational information

5D  Licenses, certificates, registrations

5E  Skills and abilities from previous experience, education, training, hobbies or volunteer work

5F  Participation in a prior plan on this claim

5G  Participation in a prior plan on a different claim

5H  Skills gained on previous plans and validity

5I  Aptitudes based on previous work exp

5J  Results of vocational testing

5K  Reason for no aptitude testing

5L  Consideration of OJT

5M  Language barrier and ESL level

5N  ESL or GED issues addressed by the plan

5O  Barriers and proposed resolution

5P  Training schedule/course outline

5Q  Certificate, Degree. License, or other

5R  Services prior to plan completion

5S  Program acceptance

5T  Skills required for selected occupational goal identified in labor market survey

5T  Curriculum and Skills outline: Skills claimant will learn in comparison with the skills required by the labor market.

## 6 Attachments

6A	<input type="checkbox"/>	F245-376-000 Plan Time Encumbrance
6B	<input type="checkbox"/>	F245-374-000 Plan Cost Encumbrance
6C	<input type="checkbox"/>	F245-375-00 Plan Transportation Cost Encumbrance
6D	<input type="checkbox"/>	F245-372-000 Plan Room and Board Cost Encumbrance
6E	<input type="checkbox"/>	JA: Plan Goal
6F	<input type="checkbox"/>	Physical Capacities
6G	<input type="checkbox"/>	Mileage Documentation
6H	<input type="checkbox"/>	For an OJT trainer signed responsibilities
6I	<input type="checkbox"/>	Labor Market Contacts/Summary
6J	<input type="checkbox"/>	Driving Abstract
6K	<input type="checkbox"/>	Curriculum and course descriptions
6L	<input type="checkbox"/>	Program Acceptance Document
6M	<input type="checkbox"/>	Tool List
6N	<input type="checkbox"/>	Signed Ownership Agreement
6O	<input type="checkbox"/>	GED Results
6P	<input type="checkbox"/>	ESL Test Results
6Q	<input type="checkbox"/>	Vocational Evaluation/Testing Results
6R	<input type="checkbox"/>	Accountability Agreement signed by worker
6R	<input type="checkbox"/>	Accountability Agreement signed by assigned VRC
6S	<input type="checkbox"/>	Proof of Insurance
6T	<input type="checkbox"/>	IMEs or other medical info
6U	<input type="checkbox"/>	Pre-Job/Job Mod Consultation Evaluation
6V	<input type="checkbox"/>	Other