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| Department of Labor and Industries | state seal | Plan DevelopmentQuality Assurance Review Form |

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| **Reviewer**      | **Review Date**      |

**Plan approved first review? Yes [ ]  No [ ]  Resubmitted plan? Yes [ ]  No [ ]**

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

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| --- | --- | --- |
| 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:

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| 1. **Proposed Plan**
 |
| 1A | [ ]  Proposed plan information |

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| 1. **Encumbrance Forms**
 |
| 2A | [ ]  Plan Time Encumbrance |
|  | [ ]  Plan Cost Encumbrance |
|  | [ ]  Plan Transportation Encumbrance |
|  | [ ]  Plan Room and Board Encumbrance  |
| 2B | [ ]  Explanation of Costs for each billing category on the encumbrance forms |
|  | Comments      |

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| 1. **Rationale**
 |
| [ ]  Rationale for Selection of Return–to–Work Goal completed using information based on worker interest, education, employment history and labor market information |

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| 1. **Medical Information**
 |
| 4A | [ ]  Current Physical Capacities/JA |
| 4B | [ ]  Pre-existing  |
| 4C | [ ]  Accepted  |
| 4D | [ ]  Denied  |
| 4E | [ ]  Post-industrial  |
| 4F | [ ]  Pre-job accommodations |
| 4G | [ ]  IMEs |

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| 1. **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. |

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| 1. **Attachments**
 |
| 6A | **[ ]**  F245-376-000 Plan Time Encumbrance |
| 6B | **[ ]**  F245-374-000 Plan Cost Encumbrance |
| 6C | **[ ]**  F245-375-00 Plan Transportation Cost Encumbrance |
| 6D | **[ ]**  F245-372-000 Plan Room and Board Cost Encumbrance |
| 6E | **[ ]**  JA: Plan Goal |
| 6F | **[ ]**  Physical Capacities |
| 6G | **[ ]**  Mileage Documentation |
| 6H | [ ]  For an OJT trainer signed responsibilities |
| 6I | [ ]  Labor Market Contacts/Summary |
| 6J | [ ]  Driving Abstract |
| 6K | [ ]  Curriculum and course descriptions |
| 6L | [ ]  Program Acceptance Document |
| 6M | [ ]  Tool List |
| 6N | [ ]  Signed Ownership Agreement |
| 60 | [ ]  GED Results |
| 6P | [ ]  ESL Test Results |
| 6Q | **[ ]** Vocational Evaluation/Testing Results |
| 6R |  [ ]  Accountability Agreement signed by worker |
| 6R | [ ]  Accountability Agreement signed by assigned VRC |
| 6S | [ ]  Proof of Insurance |
| 6T | [ ]  IMEs or other medical info |
| 6U | [ ]  Pre-Job/Job Mod Consultation Evaluation |
| 6V | [ ]  Other       |