



COUNSELING RECORD - NARRATIVE REPORT (SUPPLEMENTAL SHEET)

FIRST NAME, MIDDLE INITIAL, LAST NAME OF CLAIMANT

VA FILE NUMBER

PLAN DEVELOPMENT NARRATIVE

1. VOCATIONAL EXPLORATION - Document the activities, assignments and results of the vocational exploration activities:

2. OBSERVATIONS FROM APTITUDE AND INTEREST TESTING AND ABILITIES (38 CFR 21.50)

3. ASSESSMENT OF BASIC INDEPENDENT LIVING (IL) NEEDS

A. Can the claimant manage his or her personal hygiene, clothing, and dressing without help?

YES NO

B. Can the claimant manage his or her nutrition, health care, and medication management without help?

YES NO

C. Can the claimant drive a car or use public transportation safely, if available?

YES NO

D. Can the claimant enter and exit his or her home without assistance?

YES NO

IDENTIFIED IL NEEDS:

E. For each identified need, explain how the need affects the claimant's activities of daily living below:

F. There were no identified basic IL needs

4. TYPE OF REHABILITATION PLAN (38 CFR 21.80) - select the type of plan and explain the reason for selecting the plan.

IEAP (Limited Employment Services under 38 U.S.C. 3117):

IEEP:

IILP:

IWRP/IEAP:

IWRP with a Deferred Vocational Goal:

IWRP:

5. SUITABILITY OF SELECTED VOCATIONAL OR EMPLOYMENT GOAL (For IEEP, IWRP, and IEAP - identify the selected vocational goal and justify compatibility of the chosen vocational goal with the claimant's service-connected disabilities).

6. DESCRIPTION OF THE PROGRAM GOAL, INTERMEDIATE OBJECTIVES AND SERVICES NEEDED TO ACHIEVE PLANNED GOAL (For selected type of plan - include any needed special services).

7. ELECTION OF BENEFITS (38 CFR 21.264, Public Law 111-377)

If the claimant is eligible for alternative rates, select the subsistence allowance rate the claimant has elected.

- CHAPTER 31 SUBSISTENCE ALLOWANCE (CH31SA rate)
- POST 9/11 SUBSISTENCE ALLOWANCE (P911SA rate)
- MOST BENEFICIAL (THE HIGHEST RATE) BASED ON TYPE OF TRAINING PROGRAM
- EDUCATION ALLOWANCE PAYABLE UNDER CHAPTER 30

NOTE: For the initial election, the claimant must sign VA Form 28-0987 prior to authorization of subsistence allowance.)

8. RETROACTIVE INDUCTION/RETROACTIVE REIMBURSEMENT (38 CFR 21.282) (For IWRP or IWRP/IEAP) only, and Claimant must actively participate in the proposed plan of services):

Did the claimant previously use other VA education benefits or self-pay for previous education?

- YES NO

If "Yes", briefly explain how the claimant meets the criteria or does not meet the criteria outlined in 38 CFR 21.282:

9. LEVEL OF CASE MANAGEMENT APPOINTMENT (For selected type of plan):

- LEVEL 1 LEVEL 2 LEVEL 3

Justify selected case management level below:

10. LEVEL OF APPROVAL:

- PROGRAM COST (High Cost Facility, Self-Employment, Independent Living). Select highest level of approval:
 - VR&E COUNSELOR
 - VR&E OFFICER
 - RO DIRECTOR
 - VR&E SERVICE EXECUTIVE DIRECTOR
- REDUCED WORK TOLERANCE
- CHAPTER 31 ONLY PROGRAMS OF TRAINING OR COURSES (Approved by the Executive Director of VR&E Service)
- ENTITLEMENT EXTENSION (Approved by VR&E Officer)

SIGNATURE

TITLE

DATE SIGNED

INSTRUCTIONS FOR COMPLETING VA FORM 28-1902n

VA Form 28-1902n is used to document the vocational exploration and planning after the claimant is determined entitled to Veteran Readiness and Employment (VR&E) Services, and all the decisions made during plan development. The vocational planning activities include selecting a suitable vocation goal that is consistent with the claimant's abilities, aptitudes, interests and is compatible with the claimant's a disability conditions.

The following information provides guidelines for completing this form:

1. VOCATIONAL EXPLORATION: Document the claimant's activities, assignments, and results of the vocational exploration activities. This may include, but is not limited to:

- Research, including labor market findings and information from OOH, O*Net
- Informational interviews
- Vocational or employment goals considered
- Results of required evaluations (medical, vocational, etc.)

2. OBSERVATIONS FROM APTITUDE AND INTEREST TESTING AND ABILITIES (38 CFR 21.50): Document if the claimant completed vocational testing, including:

- The assessment(s) used,
- Completion of a transferable skills analysis,
- Results of the assessment(s), and
- The vocational significance of the results.

If a vocational assessment is not administered, identify the alternative method used to assess the claimant' abilities, aptitudes, and interests. Also, describe any factors in test-taking situations, which may have affected test performance, and should be considered in interpreting the result. These include fatigue, illness, sensory or motor impediments, medication side effects, and behaviors during testing, such as indecision, impatience, or other barriers to interpretation, such as significant inconsistencies in tes scores.

3. ASSESSMENT OF BASIC INDEPENDENT LIVING NEEDS: Use the questions to determine if Independent Living (IL) needs exist. When it has been determined that achievement of a vocational goal is feasible, basic independent living needs that are identified must be included as part of the claimant's rehabilitation plan.

4. TYPE OF REHABILITATION PLAN (38 CFR 21.80): Select the type of plan and explain the reason for selecting the type of plan.

5. SUITABILITY OF THE SELECTED PROGRAM OR EMPLOYMENT GOAL: Identify the selected vocational goal and explain how the chosen occupation is suitable. This may include, but is not limited to:

- Information pertaining to aptitudes, interests, abilities,
- Employment outlook,
- Sufficient amount of entitlement to complete the selected vocational goal,
- Transferable skills, and
- The claimant's disability conditions that may affect successful completion of the selected vocational goal.

6. DESCRIPTION OF THE PROGRAM GOAL, INTERMEDIATE OBJECTIVES AND SERVICES NEEDED TO ACHIEVE PLANNED GOAL: Describe the services that will assist the claimant in achieving the selected program goal and intermediate objectives that contribute directly to the achievement of the program goal. Include any accommodations and assistive devices or supportive services necessary for the claimant's successful completion of his or her program. Assistance from other sources outside VR&E Services may include but are not limited to:

- VAMC,
- Vet Centers,
- State Vocational Rehabilitation, IL Centers, and
- Community resources.

6. DESCRIPTION OF THE PROGRAM GOAL, INTERMEDIATE OBJECTIVES AND SERVICES NEEDED TO ACHIEVE PLANNED GOAL (CONTINUED): Identify all services that will address the claimants rehabilitation needs. The services may include but are not limited to:

- Required supplies and/or equipment,
- Training, certification, or licensure,
- Job accommodation or modification,
- Employment preparedness,
- Collaboration with other agencies or state programs,
- Independent living services, and
- Medical and/or mental health services.

NOTE: 38 U.S.C. 3107 requires that all rehabilitation plans must include counseling.

7. ELECTION OF SUBSISTENCE ALLOWANCE RATES (38 CFR 21.264, Public Law 111-377): If the claimant is eligible for other alternative payment rates such as the Post 9/11 using the Basic Allowance for Housing rate or Education Allowance payable under Chapter 30. Select the rate the claimant has elected. The initial election, must be documented on VA Form 28-0987, Election of Chapter 31 Subsistence Allowance (CH31SA) Rate or P911SA Rate.

NOTE: For the initial election, VAF 28-0987 must be signed by the claimant and the VRC prior to the authorization of payments of subsistence allowance.

8. RETROACTIVE INDUCTION (38 CFR 21.282): Identify if the claimant has previously used another VA education benefit or self-paid for previous education. If the claimant has previously used another VA education benefit or self-paid for previous education, briefly explain how the claimant meets the criteria for a retroactive induction or does not meet the criteria outlined in 38 CFR 21.282.

NOTE: The VR&E Officer must provide concurrence prior to authorization of a retroactive induction on Appendix CX, VR&E Officer Concurrence - Chapter 31 Retroactive Induction. The claimant must participate in the proposed plan of services to receive a retroactive induction.

9. LEVEL OF CASE MANAGEMENT: Select the appropriate level of case management required and justify the selected level. The selection must be based on the type of program to be pursued and the claimant's circumstances.

10. LEVEL OF APPROVAL: Identify the required approval request, then select the appropriate level of approval.

NOTE: Required documentation for the selected approval request must be prepared and concurred on prior to the implementation of the rehabilitation plan.