

Maryland State Department of Education
Division of Rehabilitation Services
VR Priority Worksheet

Name: _____ Participant ID: _____

Impairment(s): _____

- ☐ **Automatic Significant** – see VR Priority Guide. *If automatic is checked, go directly to Section D.*
☐ **Automatic Most Significant** – see VR Priority Guide. *If automatic is checked, go directly to Section D.*

A. Resulting Functional Capacity/Capacities Seriously Affected:

1. ☐ Mobility ☐ Self-care ☐ Self-direction ☐ Communication ☐ Work tolerance ☐ Work skills
☐ Interpersonal skills ☐ Other: _____

Describe how this capacity is seriously affected by the disability:

2. ☐ Mobility ☐ Self-care ☐ Self-direction ☐ Communication ☐ Work tolerance ☐ Work skills
☐ Interpersonal skills ☐ Other: _____

Describe how this capacity is seriously affected by the disability:

3. ☐ Mobility ☐ Self-care ☐ Self-direction ☐ Communication ☐ Work tolerance ☐ Work skills
☐ Interpersonal skills ☐ Other: _____

Describe how this capacity is seriously affected by the disability:

B. Multiple Services

At least two required for significant or most significant from the main services of guidance & counseling, medical rehabilitation services including technology services, job placement, and vocational training. Describe:

C. Extended Period of Time

At least 6 months required for significant or most significant. Describe:

Comments:

D. Category

- ☐ **Most Significant Disability** – Automatic/3 or more capacities seriously affected
- ☐ **Significant Disability** – Automatic/1 or 2 capacities seriously affected
- ☐ **Non-Severe** – No capacities seriously affected

DORS Counselor: _____ Date: _____

Supervisor Approval:

Approval/disapproval of the Supervisor, any comment or rationale, and date of approval/disapproval shall be documented in a Case Note.