

**Pre-employment Transition Services Request Form for Students with Disabilities
Rehabilitation Services Administration**

Initial request for services

Continuation of services

I am currently a VR Client.

VR Counselor Name (if applicable): _____

Student Name: _____

(First)

(Middle)

(Last)

Mailing Address: _____

City: _____ State: AZ Zip Code: _____

School name: _____ Grade: _____

School Phone Number: _____

Expected Graduation Date: _____

If you will need accommodations to participate in services, please describe what you will need here:

Pre-Employment Transition Services Requested: (Check all that apply)

Job Exploration Counseling Work Based Learning Experience Workplace Readiness Skills Training

Self-Advocacy Instruction/Peer Mentoring Counseling on opportunities for post-secondary education/training

Requesting the above services to be provided by this Contractor (Company Name): Beacon Group

Complete below information for initial request:

Gender: M F Date of Birth: _____ SSN: _____

Race/Ethnicity (check all that apply): _____ (if available)

Asian American Indian/Alaska Native - Tribal Affiliation: _____

Black/African American Hispanic / Latino Native Hawaiian/Pacific Islander White

By signing this form, I am requesting Pre-employment Transition Services from the Arizona Rehabilitation Administration/Vocational Rehabilitation (VR) program. I understand that in order to pursue VR services, other than Pre-employment Transition Services, I will need to complete an application and provide VR with information needed to determine my eligibility. For the specific purpose of participation in Pre-Employment Transition Services, I grant permission for my school to release information to VR, and for VR to use personal and demographic information identified in this form to track the services that were provided to me. The confidentiality of personal information requested on this form and with this authorization is protected by 34 CFR 361.38.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

(If participant is under 18, a parent or guardian signature is required.)

Parent/Guardian Name: _____ / _____ Date: _____
(Printed) (Signature)

Pre-employment Transition Services Request Form for Students with Disabilities

STUDENT WITH A DISABILITY VERIFICATION

Definition: A 'student with a disability' means an individual with a disability in a secondary, postsecondary, or other recognized education program who is not younger than 14 and not older than 22 years of age; is eligible for, and receiving special education or related services under Part B of IDEA; or who is a student with a disability under section 504. This includes secondary students who are homeschooled, and students in non-traditional secondary education programs such as special education programs within the juvenile justice system, GED programs, and occupational training programs.

If this request form is being completed by school personnel, please verify the following:

By signing this form, I verify that the individual identified above meets the definition of a student with a disability and is:

- A student with a disability for the purposes of section 504; **or**
 A student with a disability and is receiving transition services under an Individualized Education Plan (IEP)

School Personnel Name: _____ / _____ Date: _____
(Printed) (Signature)

If this request form is being completed by VR personnel, please verify the following:

By signing this form, I verify that the individual identified above meets the definition of a student with a disability and is:

- A student with disability for the purposes of Section 504; **or**
 A student with a disability and receiving transition services under an Individualized Education Plan (IEP); **and**
 Eligible or potentially eligible for VR services

VR Personnel Name: _____ / _____ Date: _____
(Printed) (Signature)

If this request form is being completed by non-school/VR personnel, one of the following supporting documents must be included with the submitted request form:

Individualized Education Plan (IEP) or 504 Plan

Proof of receipt of SSI/SSDI based on individual's own disability (SSI/SSDI award letter)

Medical or psychological documentation with diagnosis signed by a licensed professional

Contractor Use Only-

Contractor Name: _____

Services Requested (Check all that apply and provide total number of sessions and dates to complete workshop category type):

- | | |
|--|---|
| <input type="checkbox"/> Job Exploration Counseling
No. Sessions/Dates _____ | <input type="checkbox"/> Self-Advocacy Instruction / Peer Mentoring
No. Sessions/Dates _____ |
| <input type="checkbox"/> Work-Based Learning Experience(s)
No. Sessions/Dates _____ | <input type="checkbox"/> Counseling on Opportunities for Enrollment
in Comprehensive Transition/Post-
Secondary Education Program
No. Sessions/Dates _____ |
| <input type="checkbox"/> Workplace Readiness Skills Training
No. Sessions/Dates _____ | |

The student/family has been provided information on how to pursue Vocational Rehabilitation services

Comments: _____

Signature of Contractor Representative Date: _____

Please submit this completed form and supporting documentation (if applicable) to:

RSATransition@azdes.gov