Pre-employment Transition Services Request Form for Students with Disabilities

Please submit this completed form and supporting documentation (if applicable) to: RSATransition@azdes.gov

☑ Initial request for services ☐ Continuation of services ☐ I am currently a VR Client

☐ VR Counselor Name (if applicable):

Student Name *(Last,First, M.I.):*

Mailing Address *(Number, Street)*:

City: State: ZIP Code:

Email: Phone Number:

School Name:

Grade: Expected Graduation Date:

Gender: ☐ M ☐ F Date of Birth: SSN (if available):

Race/Ethnicity (check all that apply):

☐ Asian ☐ American Indian/Alaska Native - Tribal Affiliation:

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

Are you receiving services from any of the following (select all that apply):

☐ Department of Child Safety ☐ Behavioral Health ☐ Division of Developmental Disabilities

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

See page 4 for EOE/ADA statements

Continue to the next page ▶

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

☑ Job Exploration Counseling ☑ Self-Advocacy Instruction/Peer Mentoring

☑ Workplace Readiness Training ☑ Counseling on opportunities for post-secondary education/training

☐ Work Based Learning Experience- Classroom ☐ Work Based Learning Experience- Practical

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

Diverse Ability Incorporated

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 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 (Printed):

Signature: Date:

(If participant is under 18, a parent or legal guardian signature is required. Legal guardianship documents must be provided)

☐ Parent ☐ Legal Guardian Name:

Printed:

Signature: Date:

See page 4 for EOE/ADA statements

Continue to the next page ▶

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 services under an Individualized Education Plan (IEP)

School Personnel Name (Printed):

Signature: Date:

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 services under an Individualized Education Plan (IEP); and

☐ Eligible or potentially eligible for VR services

VR Personnel Name (Printed):

Signature: Date:

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

See page 4 for EOE/ADA statements

Continue to the next page ▶

Contractor Use Only

Contractor Name: Diverse Ability Incorporated

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

☐ Job Exploration Counseling

No. of Sessions: Dates:

☐ Self-Advocacy Instruction/Peer Mentoring

No. of Sessions: Dates:

☐ Counseling on Opportunities for Enrollment in Comprehensive Transition/Post-Secondary Education Program

No. of Sessions: Dates:

☐ Workplace Readiness Training

No. of Sessions: Dates:

☐ Work-Based Learning Experience Classroom

No. of Sessions: Dates:

☐ Work-Based Learning Experience Practical (1 WBLE Practical = 1 Unit) (1 Unit = 5 Hours to 120 Hours)

No. of Units: No. of Hours:

Dates:

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

Comments:

Signature of Contractor Representative: Date:

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local