

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):	
Job Exploration Counseling No. Sessions/Dates _____	Self-Advocacy Instruction/Peer Mentoring No. Sessions/Dates _____
Work-Based Learning Experience(s) No. Sessions/Dates _____	Counseling on Opportunities for Enrollment in Comprehensive Transition/Post-Secondary Education Program No. Sessions/Dates _____
Workplace Readiness 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