RSA-1305AFORFF (6-18)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY Rehabilitation Services Administration

Pre-employment Transition Services Request Form for Students with Disabilities

I am currently a VR Client VR Counselor Name (if applicable):	
STUDENTNAME:	
MAILING ADDRESS: (No., Street)	
CITY: STATE: ZIP CODE: PHONE:	
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 Training	
Self-Advocacy Instruction/Peer Mentoring Counseling on opportunities for post-secondary education/tra	ning
Requesting the above services to be provided by this Contractor (Company Name):	
Complete below information for initial request:	
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	
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, o than Pre-employment Transition Services, I will need to complete an application and provide VR with inforn 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 confidential personal information requested on this form and with this authorization is protected by 34 CFR 361.38.	ation
STUDENT NAME (Please Print):	
STUDENT SIGNATURE: DATE:	
(If participant is under 18, a parent or legal guardian signature is required. Legal guardianship documents must be pro-	/ided)
PARENT LEGAL GUARDIAN NAME:	
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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local RSA office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.

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: ___ 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: ____ 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 Self-Advocacy Instruction/Peer Mentoring No. Sessions/Dates _____ No. Sessions/Dates ___ Work-Based Learning Experience(s) Counseling on Opportunities for Enrollment in Comprehensive Transition/Post-Secondary Education No. Sessions/Dates _____ Program Workplace Readiness Training No. Sessions/Dates __ No. Sessions/Dates ___ The student/family has been provided information on how to pursue Vocational Rehabilitation services Comments: _ _ DATE:

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

Signature of Contractor Representative