

FAST TRACK TRANSITION SERVICES AGREEMENT

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Case Number:

Date:

Qualification for Services

The Illinois Division of Rehabilitation Services (DRS) confirms the student meets the following criteria necessary to qualify for Preemployment Transition Services (PTS) in the Fast Track Transition program. The student:

| | ls a | at le | east | 14 | years | old | but | less | than | age | 22; |
|--|------|-------|------|----|-------|-----|-----|------|------|-----|-----|
|--|------|-------|------|----|-------|-----|-----|------|------|-----|-----|

Bas a disability documented with an IEP, 504 Plan, medical records or documentation from a physician;

□ Is enrolled in a secondary school (including home school or other alternative secondary education program,) postsecondary education program, or another recognized educational program and has not exited, graduated, or withdrawn.

The Vocational Rehabilitation Counselor verifies that this is a qualified student with a disability and approves the

services in this agreement. Counselor Printed Name and Signature:

| Counselor Printed Name and Signature: | Date: |
|---------------------------------------|-------|
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Services

Because the individual meets the definition of a "student with a disability" for purposes of IDEA or 504, the customer is qualified to receive PTS. It is anticipated that the student will participate in services indicated including:

| Job Exploration Counseling | | |
|--------------------------------|----------------------------|--------------------------------------------------------|
| Chosen Provider: | | |
| Dates of Service: | From: | То: |
| Work-Based Learning Experien | ice | |
| Chosen Provider: | | |
| Dates of Service: | From: | To: |
| Work Place Readiness Training |] | |
| Chosen Provider: | | |
| Dates of Service: | From: | To: |
| Counseling on Opportunities fo | r Enrollment in Comprehens | ive Transition or Post-Secondary Education Programs at |
| Chosen Provider: | | |
| Dates of Service: | From: | То: |
| Instruction in Self- Advocacy | | |
| Chosen Provider: | | |
| Dates of Service: | From: | To: |

I agree to participate in PTS and understand services are limited to those listed above. Participation in PTS does not certify me for services provided in the vocational rehabilitation program. I understand to participate in vocational rehabilitation services, I will need to apply and be determined eligible.

| Student Printed Name and Signature: | Date: |
|---------------------------------------------------|-------|
| Parent/Legal Guardian Printed Name and Signature: | Date: |