State of Illinois
Department of Human Services - Division of Rehabilitation Services - Community Resources

# FAST TRACK TRANSITION SERVICES AGREEMENT

Customer Name:

| Case Number: | Date: |
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## Qualification for Services

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

☐ Is at least 14 years old but less than age 22;

☐ Has 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program,) post-secondary education program, or another recognized educational program and has not exited, graduated, or withdrawn.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: | 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: | | |
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| Dates of Service: | From: | To: |

☐ Work-Based Learning Experience

| Chosen Provider: | | |
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| Dates of Service: | From: | To: |

☐ Work Place Readiness Training

| Chosen Provider: | | |
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| Dates of Service: | From: | To: |

☐ Counseling on Opportunities for Enrollment in Comprehensive Transition or Post-Secondary Education Programs at Institutions of Higher Education

| Chosen Provider: | | |
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| Dates of Service: | From: | To: |

☐ Instruction in Self- Advocacy

| Chosen Provider: | | |
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| 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: |
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| Parent/Legal Guardian Printed Name and Signature: | Date: |
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