

Part II - To be completed by provider/coordinator of services as shown below

Section A - Employment Network

Section B - State Vocational Rehabilitation Agency

Section C - Other provider of vocational rehabilitation services, employment services, or other support services (If not an agency of the Federal Government or not an educational institution administering a student plan in accordance with the Individuals with Disabilities Act, attach a copy of qualifications to provide vocational rehabilitation services in State services are provided, i.e., license, certification, accreditation, or registration.)

Section D - Educational Institution under IDEA

Section A -To be completed by Employment Network

1. Is the beneficiary receiving vocational rehabilitation services, employment services, or other support services under an Individual Work Plan (IWP)? Yes No
If no, sign below and return this document to requester.
If yes, give the date the beneficiary and EN signed the IWP and proceed to next question.
Date IWP signed:
2. Is the beneficiary taking part in the activities and services outlined in the IWP? Yes No
If no, sign below and return this document to requester. If yes, proceed to next question.
3. What is the employment goal?
4. Describe the education, work skills, and/or work experience that the beneficiary will acquire by completing the IWP or by continuing to participate in the IWP for a specified period of time.
5. When is the beneficiary expected to complete the activities and services outlined in the IWP? (Month and Year) :

Signature:

Date:

Title:

Telephone No.

(include area code):

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Section B - To be completed by the State Vocational Rehabilitation (VR)

1. Is the beneficiary receiving VR services, employment services, or other support under an Individualized Plan for Employment (IPE)? Yes No
If no, sign below and return this document to requester.
If yes, give the date the beneficiary and the VR Counselor signed the IPE and proceed to next question. Date IPE signed:
2. Is the beneficiary taking part in the activities and services outlined in the IPE? Yes No
If no, sign below and return this document to requester. If yes, proceed to next question.
3. What is the employment goal?