

4. Describe the education, work skills, and/or work experience that the beneficiary will acquire by completing the IPE or by continuing to participate in the IPE for a specified period of time.

5. When is the beneficiary expected to complete the activities and services outlined in the IPE? (Month and Year) :

Signature:

Date:

Title:

Telephone No.

(include area code):

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Section C - To be completed by Another Provider of Rehabilitation Services

If you are not an agency of the Federal Government or not an educational institution under the Individuals with Disabilities Act (IDEA), attach a copy of your qualifications to provide vocational rehabilitation services, employment services or other support services in the State in which you are providing the services (i.e., license, certification, accreditation, or registration).

1. Is the beneficiary receiving vocational rehabilitation services, employment services or other support services under an individualized, written employment plan similar to an Individualized Plan for Employment used by State Vocational Rehabilitation Agencies? Yes No
If no, sign below and return this document to requester.

If yes, give the date the provider and the beneficiary signed the plan and proceed to next question. Date employment plan signed:

2. Is the beneficiary taking part in the activities and services outlined in the employment plan? Yes No

If no, sign below and return this document to requester. If yes, please 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 employment plan or by continuing to participate in the employment plan for a specified period of time.

5. When is the beneficiary expected to complete the activities and services outlined in the employment plan? (Month and Year) :

Signature:

Date:

Title:

Telephone No.

(include area code):

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