

Section D - To be completed by an educational institution under the IDEA

1. Is the beneficiary's educational program provided under an Individualized Education Plan (IEP)? Yes No
If no, complete Section C above.
If yes, give the date the educational institution implemented the IEP and proceed to next question. Date IEP implemented:
2. Is the beneficiary taking part in the activities and services outlined in the IEP?
 Yes No
If no, sign below and return this document to requester. If yes, please proceed to next question.
3. When is the beneficiary expected to complete the IEP? (Month and Year):

Signature:

Date:

Title:

Telephone No.

(include area code):

() - _____

Privacy Act Statement

Public Law 106-170 and section 234 of the Social Security Act authorize the collection of information requested on this form. The information you provide will allow you or a beneficiary participating in the Ticket-to-Work and Self-Sufficiency Program to have more choices in receiving employment services. You do not have to give us this information. However, without this information, employment services, vocational rehabilitation services or other support services necessary for a participant to achieve a vocational goal may not be available to him or her.

The information you provide may be disclosed to another Federal, State, or local government agency for determining eligibility for a government benefit or program, to a Congressional office requesting information on your behalf, to an independent party for the performance of research and statistical activities, or to the Department of Justice for use in representing the Federal Government.

We may also use this information when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal Government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this form is 0960-0282. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments on our time estimate to this address, not the completed form.