



FAST TRACK TRANSITION SERVICES AGREEMENT

Customer Name:

Case Number: _____ Date: _____

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program,) post-secondary education program, or another recognized educational program and has not exited, graduated, or withdrawn.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: _____

Services Section to be completed by Provider

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: IMPACT CIL

Dates of Service: From: _____ To: _____

Work-Based Learning Experience

Chosen Provider: IMPACT CIL

Dates of Service: From: _____ To: _____

Work Place Readiness Training

Chosen Provider: IMPACT CIL

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: IMPACT CIL

Dates of Service: From: _____ To: _____

Instruction in Self- Advocacy

Chosen Provider: IMPACT CIL

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:** _____