



**FAST TRACK TRANSITION SERVICES AGREEMENT**

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post-secondary education program, or another recognized educational program and has not exited, graduated, or withdrawn.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

<input checked="" type="checkbox"/> Job Exploration Counseling		
Chosen Provider: <i>Access Living</i>		
Dates of Service:	From:	To: <i>6/30/20</i>

<input checked="" type="checkbox"/> Work-Based Learning Experience		
Chosen Provider: <i>Access Living</i>		
Dates of Service:	From:	To: <i>6/30/20</i>

<input checked="" type="checkbox"/> Work Place Readiness Training		
Chosen Provider: <i>Access Living</i>		
Dates of Service:	From:	To: <i>6/30/20</i>

<input checked="" type="checkbox"/> Counseling on Opportunities for Enrollment in Comprehensive Transition or Post-Secondary Education Programs at Institutions of Higher Education		
Chosen Provider: <i>Access Living</i>		
Dates of Service:	From:	To: <i>6/30/20</i>

<input checked="" type="checkbox"/> Instruction in Self- Advocacy		
Chosen Provider: <i>Access Living</i>		
Dates of Service:	From:	To: <i>6/30/20</i>

**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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**FAST TRACK TRANSITION SERVICES INTAKE**

<b>Personal Information</b>			
Name:	<b>(Last, First, Middle):</b>		
Home Address:	<b>Street:</b>		
	City:	Chicago	
	State:	IL	
	<b>Zip Code:</b>		
Parent or Legal Guardian:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Parent/Legal Guardian Name:</b>	
<b>Contact Information:</b>	Home Phone:	Cell Phone:	E-mail Address:
<b>Birth Date:</b>			<b>Social Security Number:</b>
Referring Agency:			
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Reporting		
<b>Ethnicity:</b>	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		
Preferred Language:	Access Living		
<b>Disabilities:</b>			
<b>Education Information</b>			
Are you currently enrolled in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of School currently attending			
Highest Grade Level Completed:	Enrolled in High School: (Check current year level)	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 12+	
	Expected Graduation:	Date	
	Certification of Completion	Date	
	High School Diploma or GED:	Date	
Post-Secondary Education (no degree or certificate)	Number of Credit Hours:		
Education and Support Services:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> None <input type="checkbox"/> Other: If other (list): _____		

**I am a student over the age of 18 or a parent who consents to participation in Fast Track Transition.**

**Student, Parent/Legal Guardian Printed Name and Signature**

**Date**