

State of Illinois Department of Human Services - Division of Rehabilitation Services - Community Resources

FAST TRACK TRANSITION SERVICES AGREEMENT

| Customer Name: | | | |
|---|--|---|---|
| Case Number: | | | Date: |
| Qualification for Services The Illinois Division of Rehabilitation Services employment Transition Services (PTS) in the Is at least 14 years old but less than a | e Fast Track Transition | student meets the following crit n program. The student: | eria necessary to qualify for Pre- |
| Has a disability documented with an II | P 504 Plan medical | records or documentation from | a nhysician: |
| ☐ Is enrolled in a secondary school (included secondary education program, or another vocational Rehabilitation Counselor | uding home school or her recognized educa | other alternative secondary edutional program and has not exit | ucation program,) post- ed, graduated, or withdrawn. |
| services in this agreement. | | | |
| Counselor Printed Name and Signature: | | | Date: |
| Services Because the individual meets the definition of receive PTS. It is anticipated that the students. | of a "student with a dis nt will participate in ser | ability" for purposes of IDEA or rvices indicated including: | 504, the customer is qualified to |
| ☐ Job Exploration Counseling | | | |
| Chosen Provider: | | | |
| Dates of Service: | From: | То: | |
| ☐ Work-Based Learning Experience | | | |
| Chosen Provider: | | | |
| Dates of Service: | From: | To: | |
| ☐ Work Place Readiness Training | | | |
| Chosen Provider: | | | |
| Dates of Service: | From: | То: | |
| Counseling on Opportunities for Enro | ollment in Comprehens | sive Transition or Post-Seconda | ary Education Programs at |
| Chosen Provider: | | | |
| Dates of Service: | From: | To: | |
| ☐ Instruction in Self- Advocacy | | | |
| Chosen Provider: | | | |
| Dates of Service: | From: | To: | |
| I agree to participate in PTS and unders certify me for services provided in the rehabilitation services, I will need to appl | tand services are lin vocational rehabilit y and be determined | nited to those listed above. ation program. I understan eligible. | Participation in PTS does not |
| Student Printed Name and Signature: | | | Date: |
| Parent/Legal Guardian Printed Name and Signature: | | | Date: |