



**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program,) post-secondary education program, or another recognized educational program and has not exited, graduated, or withdrawn.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: (Level 1)	Date:
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**\*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:

<input type="checkbox"/> Job Exploration Counseling		
Chosen Provider:		
Dates of Service:	From:	To:

<input type="checkbox"/> Work-Based Learning Experience		
Chosen Provider:		
Dates of Service:	From:	To:

<input type="checkbox"/> Work Place Readiness Training		
Chosen Provider:		
Dates of Service:	From:	To:

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

<input type="checkbox"/> Instruction in Self- Advocacy		
Chosen Provider:		
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: (Level 1)	Date:
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Parent/Legal Guardian Printed Name and Signature: (Level 1)	Date:
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