



# Pre-employment Transition Services Request Form for Students with Disabilities

## STUDENT WITH A DISABILITY VERIFICATION

**Definition:** A 'student with a disability' means an individual with a disability in a secondary , postsecondary, or other recognized education program who is not younger than 14 and not older than 22 years of age; is eligible for, and receiving special education or related services under Part B of IDEA; or who is a student with a disability under section 504. This includes secondary students who are homeschooled, and students in non-traditional secondary education programs such as special education programs within the juvenile justice system, GED programs, and occupational training programs.

### If this request form is being completed by school personnel, please verify the following:

By signing this form, I verify that the individual identified above meets the definition of a student with a disability and is

A student with a disability for the purposes of section 504; **or**

A student with a disability and is receiving transition services under an Individualized Education Plan (IEP)

School Personnel Name: \_\_\_\_\_ / \_\_\_\_\_ DATE: \_\_\_\_\_  
(Printed) (Signature)

### If this request form is being completed by VR personnel, please verify the following:

By signing this form, I verify that the individual identified above meets the definition of a student with a disability and is:

A student with disability for the purposes of Section 504; **or**

A student with a disability and receiving transition services under an Individualized Education Plan (IEP); **and**

Eligible or potentially eligible for VR services

VR Personnel Name: \_\_\_\_\_ / \_\_\_\_\_ DATE: \_\_\_\_\_  
(Printed) (Signature)

### If this request form is being completed by non-school/VR personnel, one of the following supporting documents must be included with the submitted request form:

Individualized Education Plan (IEP) or 504 Plan

Proof of receipt of SSI/SSDI based on individual's own disability (SSI/SSDI award letter)

Medical or psychological documentation with diagnosis signed by a licensed professional

<b>Contractor Use Only</b>	
CONTRACTOR NAME: _____	
Services Requested	
(Check all that apply and provide total number of sessions and dates to complete workshop category type):	
Job Exploration Counseling No. Sessions/Dates _____	Self-Advocacy Instruction/Peer Mentoring No. Sessions/Dates _____
Work-Based Learning Experience(s) No. Sessions/Dates _____	Counseling on Opportunities for Enrollment in Comprehensive Transition/Post-Secondary Education Program No. Sessions/Dates _____
Workplace Readiness Training No. Sessions/Dates _____	
The student/family has been provided information on how to pursue Vocational Rehabilitation services	
Comments: _____	
Signature of Contractor Representative _____	DATE: _____

**Please submit this completed form and supporting documentation (if applicable) to:**  
**RSATransition@azdes.gov**