

Pre-Employment Transition Services Referral Form for Students with Disabilities

A person with an open case with ACCES-VR is not able to participate in this program.

Student With a Disability Verification

Definition: A 'student with a disability' is defined as an individual with a disability in a secondary , postsecondary, or other recognized education program who is not younger than 14 and up to their 22nd birthday; 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, college programs, 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:**

Student With a Disability Verification

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)
- ☐ A student with a disability with documentation other than for the purposes of section 504 or an IEP

***Please Note: For classification of ED and OHI please include medical documentation verifying disability.**

School Personnel Name & Date: _____
(Printed) (Signature)

Proof of disability is required. 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

Please submit this completed form and supporting documentation (if applicable) to:

Amber Parker
Director of Vocational Education
One Arc Way, Bath, NY 14810
amber.parker@thearcas.org
585-808-2856

(For Official Use Only)

Date Referral Received _____

Services will be provided through _____ due to location.