**Department for Children and Families**
**Rehabilitation Services**

# Individual Plan for
# Trial Work Experience or Extended Evaluation
**For**

______________________________________________

## PURPOSE OF THIS PLAN

The purpose of this Plan is to explore my abilities and capabilities to determine if I can benefit from vocational rehabilitation services in terms of an employment outcome.

☐ **TRIAL WORK EXPERIENCE**
This Plan will assess my capacity to perform in competitive, integrated work settings.

☐ **EXTENDED EVALUATION**
Extended evaluation is chosen as the method of assessment. My counselor and I have determined that I cannot take advantage of trial work experiences or that the options for my participation in trial work experiences have already been exhausted.

**Timeline for completion of this Plan:________________**

**To participate in this Plan, I will complete these steps:**
***(The listing of specific steps in this section is optional depending on the individual's assessment needs.)***

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

## SERVICES NEEDED
***(Complete the descriptions only for the services necessary for this Plan. Cross through the unused sections.)***

Service Code: *365* Service Type: *Counseling and guidance – general*
Description: *Information/guidance to help me make choices and participate in my Plan*
Service delivered by: *My Rehabilitation Services Counselor*
Effective dates: ___________ to __________ Estimated Cost: _________ No Cost _________
Funding sources: *X* RS __ Client __ Other (specify)_________ __ Other (specify) _______

Service Code: _______ Service Type: _____________________________________________
Description: ___________________________________________________________________
Service delivered by: ____________________________________________________________
Effective dates: ___________ to __________ Estimated Cost: _________ No Cost _________
Funding sources: __ RS __ Client __ Other (specify)_________ __ Other (specify) _______

Service Code: _______ Service Type: _____________________________________________
Description: ___________________________________________________________________
Service delivered by: ____________________________________________________________
Effective dates: ___________ to __________ Estimated Cost: _________ No Cost _________
Funding sources: __ RS __ Client __ Other (specify)_________ __ Other (specify) _______

Service Code: _______ Service Type: _____________________________________________
Description: ___________________________________________________________________
Service delivered by: ____________________________________________________________
Effective dates: ___________ to __________ Estimated Cost: _________ No Cost _________
Funding sources: __ RS __ Client __ Other (specify)_________ __ Other (specify) _______

Service Code: _______ Service Type: _____________________________________________
Description: ___________________________________________________________________
Service delivered by: ____________________________________________________________
Effective dates: ___________ to __________ Estimated Cost: _________ No Cost _________
Funding sources: __ RS __ Client __ Other (specify)_________ __ Other (specify) _______

Estimated cost is provided for planning purposes only. Actual cost may vary.
Services will be provided in the most integrated setting possible.
***Use additional sheet if necessary to list all services that are part of this Plan.***

**Explain how services will contribute to the assessment of my ability to benefit from services in terms of achieving employment:**

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

## EVALUATION CRITERIA

Describe how and when my progress will be evaluated:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

# PARTICIPATION AGREEMENT FOR TRIAL WORK OR EXTENDED EVALUATION

**The following rights apply to everyone receiving VR services. I have the right to:**

Receive VR services without discrimination based on race, color, religion, age, disability, national origin, ancestry or sex. (The services that RS can provide depend on the availability of state and federal funds, and whether there are other programs that can provide the services I need.)

Make informed choices about the services I will receive, who will provide the services, and how the services will be obtained.

Take an active part developing my Plan and be involved in any change in the Plan before it goes into effect.

Expect that information I give my counselor will be kept confidential, as described in the Handbook of Services.

Sign and receive a written copy of my Plan and any changes made to it.

Participate in review of my Plan to be sure it is still the best Plan to assess my eligibility.

Participate in reviews to determine my progress on my Plan.

Receive information in my native language or mode of communication.

Receive services from the Client Assistance Program (CAP) if I need more information or clarification about my Plan, if I am dissatisfied with my services, or if I need information about my appeal rights (administrative review, mediation or fair hearing). I may contact CAP toll-free at the Disability Rights Center at 1-877-776-1541 or 1-877-335-3725 (TTY).

**The following responsibilities apply to everyone receiving VR services. I have the responsibility to:**

Carry out my Plan to the best of my abilities.

Keep appointments and participate in scheduled activities. Contact my counselor if I need to change an appointment time.

Check with my counselor **in advance** before I stop any planned activities.

Get **prior written authorization** from my counselor before I purchase any goods or services to be funded by RS, and provide receipts when requested.

Provide financial information as needed, apply for financial aid/other benefits, and help pay for the cost of my services consistent with my economic need. Use family funds, insurance, Social Security, PELL Grants, scholarships or any other funds I may be eligible for to help pay for services.

Follow medical advice, treatment plans or other professional instructions, and cooperate with service providers who are trying to help me with my services or employment.

Contact my counselor:

___ If I move.
___ If my phone number changes.
___ If I want to change anything about my Plan, such as services, time frames or steps.
___ If there is a change in my financial status.
___ If there is a change in my employment status, for example if I am no longer working, if I get laid off, if I get promoted, or if I change jobs.

When I get a job, I will provide information to my counselor on the name of my employer, my wages, the number of hours I am working, my job title, and benefits.

***The following responsibilities apply to my Plan when they are checked.***

___ Maintain a minimum 2.0 grade point average, or higher if needed for entry into a professional field of study.

___ Complete 30 hours of class credit per year. Maintain full-time enrollment if attending a vocational or technical training program.

___ Provide copies of any notices I receive about my performance in any of my classes and tell my counselor about any changes in my financial aid status.

___ Provide my grades for the prior semester before my counselor can authorize funding for the next semester.

___ Return funds to RS from selling textbooks at the end of the semester.

___ Talk to my counselor before I drop or discontinue any classes.

___ Work with my school to analyze my transcript and develop a plan for completing my degree or certificate after the first year of school, when I am going to transfer to another school, or when I am thinking about changing my major course of study. Discuss any changes with my counselor before I make them.

___ Maintain proper care and repair of equipment and assistive technology devices.

___ Return tools, equipment or initial stocks purchased for my Plan or employment if I no longer need them for those purposes.

___ Other ______________________________
______________________________________
______________________________________

___ Other ______________________________
______________________________________
______________________________________

## MY PARTICIPATION IN DEVELOPMENT OF THIS PLAN

I was involved in making decisions about this Plan. I had choices about the steps and services that are part of this Plan. I also had choices about who will provide the services. My rights and responsibilities have been explained to me and given to me. I understand that I will receive a copy of my Plan.

**I understand that the assessment information resulting from my participation in this Plan will be used to help determine if I am eligible for vocational rehabilitation services. Only the services needed to make this determination will be provided.** I understand that the provision of services in this Plan may take longer than 60 days. Therefore, I agree to extend the timeframe for determination of my eligibility through the completion of this Plan.

______________________________ ______________________
Counselor Signature Date

______________________________ ______________________
My Signature or My Guardian's Signature Date