



# Refusal of Pre-Employment Transition Services (While still in High School)

Client name \_\_\_\_\_

**Description of refusal:**

**Reason for refusal:**

_____	_____
Client Signature	Date
_____	_____
Client Representative Signature (if applicable)	Date
_____	_____
School Representative Signature	Date
_____	_____
VR Staff Signature	Date

This document was given to the client and/or representative **(within 10 days of refusal)** on \_\_\_\_\_ by the following method:

Hand-delivered       Mail       E-mail Scan       Faxed

Original-VR     School     Individual/Guardian/Representative     Service Coordinator