



Documentation Checklist for Youth (Age 24 and younger)

02/2020

Client name _____ Age _____

In school? Yes _____ No _____

- Documentation of Pre-Employment Transition Services provided by school (in file)
- Documentation of Pre-Employment Transition Services provided by VR (in file)
- Documentation was given to the youth/student with disability
- Documentation of Transition Services received through school (IDEA)

Applied for VR and Found Ineligible _____
Date

Applied for VR and Found Eligible _____ AND
Date

a) Had an individual plan for employment (IPE) _____ AND
Date

b) Worked toward an IPE employment outcome for a reasonable period without success; AND

c) The VR case was closed _____
Date

Career counseling provided by Nebraska VR or other appropriate agency

_____ *Agency if not Nebraska VR* _____ *Date (within 30 days of referral)*

Information and referrals to federal and state programs and other resources in the individual's geographic area were provided:

Referral To	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ *Client Signature* _____ *Date*

_____ *Nebraska VR Specialist Signature* _____ *Date*

- Original-VR
- Client
- Authorized Representative
- Service Coordinator
- Service Provider