Name:		(IDE) Amondment	
☐ Individualized Plan f of Job Goal at Outco	•	. (IPE) - Amendment	
My Individualized Plan for Employment (I is within my strengths, priorities, concernamendment of my employment goal.			
Job Goal:			
Your Signature	Date	Nebraska VR Contact	
Authorized Representative	Date	Nebraska VR Approval	
- Authorized Representative	Date	Hobidona VIVI aprova	54.0
☐ Individualized Plan f Termination of Serv	•	(IPE) – Amendment	
Termination Action by:	Service(s)	Reason for Te	ermination
Nebraska VR			
Provider(s)			
I understand that by signing this amendmervice(s). I understand I may appeal this Rule 71 (Title 92, Nebraska Administrative the Client Assistance Program for a copy 71 contains a sample petition form. My permust submit my petition within 30 calendary.	s decision by filing a petition the Code, Chapter 71) an imp of this rule, or I can get a co- etition must tell the factual re ar days of the date I sign this Impartial Hea Nebr PO B	for an impartial review. Using the Nebras artial hearing officer will conduct this revi opy at www.education.ne.gov/LEGAL/well easons why I want the review and concise	ska Department of Education's ew. I may ask Nebraska VR o brulespdf/RULE71.pdf. Rule ely tell the solution I want. I
I may get in touch with the Client Assistanto this termination. CAP can be contacted	nce Program (CAP) if I woul	d like to receive advice about my rights a	
If I want mediation of this decision, I may Both Nebraska VR and I must volunteer twill conduct the mediation.			
Your Signature	Date	Nebraska VR Contact	

Nebraska VR Section 4