VOCATIONAL REHABILITATION INPUT FOR TRANSITION PLANNING

DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOCATIONAL REHABILITATION
SFN 62778 (11-2026)

Click Here to Clear Field Data

This form supports communication and coordination between Vocational Rehabilitation (VR) and the Individualized Education Plan (IEP) team during transition planning. The VR counselor should complete the form prior to the IEP meeting to provide student-specific information that may support transition planning and discussion. It provides information about the student's current involvement with VR, what the student is working on with VR, information learned through VR services and experiences, and next steps for continued coordination.

STUDENTS INFORMATION

Student Name		Grade Currently In
School or Program Name		
School Contact		
IEP Meeting Date	Date Invited to the Meeting	Date Form Completed
VR Counselor		
VR Counselor Email Address		Telephone Number

CURRENT VR INVOLVEMENT

Students Current VR Status: Select One

- ◯ Potentially Eligible. Receiving Pre-Employment Transition Services (Pre-ETS)
- ◯ VR Eligible. Individualized Plan for Employment (IPE) in development
- ◯ VR Eligible. Individualized Plan for Employment (IPE) in place

CURRENT PRE-ETS INVOLVEMENT

Pre-ETS the student is currently receiving: Select All that Apply

- ☐ Job Exploration Counseling
- ☐ Counseling on Postsecondary Education
- ☐ Instructions in Self-Advocacy, including Peer Mentoring
- ☐ Work-Based Learning Experiences
- ☐ Workplace Readiness Training

CAREER INTEREST OR EMPLOYMENT GOAL OR OUTCOME

Enter the student's current career interest. If the student has an IPE, enter the employment goal or projected post-school employment outcome identified on the IPE.

WHAT THE STUDENT IS CURRENTLY WORKING ON WITH VR

Describe the activities, skills, goals, or experiences the student is currently working on with VR

INFORMATION TO SUPPORT TRANSITION PLANNING

Student Strengths, Interests, Preferences and Motivators

Share what VR has learned about the student's strengths, interests, preferences, motivators, career goals, or postsecondary education or training interests.

Progress, Experiences, and Skills Demonstrated

Share relevant progress, experiences, skills demonstrated, successful activities, or observations that may be useful to the IEP team.

Strategies and Supports that have been Helpful

Identify strategies, supports, accommodations, or approaches that have helped the student participate successfully in work, training, or other VR activities.

Areas for Continued Growth

Identify skills, experiences, or supports the student may benefit from continuing to develop or access, and any factors that may affect progress toward employment and or postsecondary education or training.

INFORMATION OR QUESTIONS FOR THE IEP TEAM

Share questions or information that VR would like the IEP to discuss or consider when planning the student's transition. Focus on items that need input, clarification, or coordination with the family or school. Avoid repeating information already shared in other sections.

NEXT STEPS AND COORDINATION

Next steps VR will take to support the student's transition

VR participation in the IEP meeting: Select One

◯ I plan to participate in person ◯ I plan to participate virtually or by phone

◯ I am unable to participate and am providing this information in advance

◯ Other-Specify: _____