



**INDIVIDUALIZED PLAN FOR
 EMPLOYMENT**
(Continuation Page-Services)

Individual: _____

Date: _____ Original Amendment Post-Employment

Service needed: _____

Beginning date: _____

Provider of service: _____

Who will pay for service: _____

Service needed: _____

Beginning date: _____

Provider of service: _____

Who will pay for service: _____

Service needed: _____

Beginning date: _____

Provider of service: _____

Who will pay for service: _____

Service needed: _____

Beginning date: _____

Provider of service: _____

Who will pay for service: _____

Service needed: _____

Beginning date: _____

Provider of service: _____

Who will pay for service: _____

Service needed: _____

Beginning date: _____

Provider of service: _____

Who will pay for service: _____

 VR Counselor Signature Date Date

 Approval, if required Date Parent/Guardian, if required Date