



INDIVIDUALIZED PLAN FOR EMPLOYMENT AMENDMENT

Individual: _____ Date: _____

Complete only the components for which there is a change.

POST EMPLOYMENT

UPDATE MY EMPLOYMENT GOAL

Employment Goal: _____ Achieved By: _____

DELETE A SERVICE (specify): _____

Add or UPDATE AN EXISTING SERVICE(S)

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: _____

MY PARTICIPATION IN DEVELOPMENT OF THIS PLAN AMENDMENT

I have been offered the choice to develop my employment plan and this amendment. I have been provided a copy of this amendment in my most understood mode of communication which is _____ I understand that I have the right to pursue a more satisfactory decision when I am not in agreement with actions taken by my Vocational Rehabilitation (VR) Counselor in my rehabilitation case. My options for resolving concerns include talking with my VR Counselor's Supervisor, requesting an appeals hearing, requesting formal mediation, and requesting assistance from the Client Assistance Program (CAP). CAP can be reached at 1-800-215-7227. My appeals rights and information about the CAP are covered in detail in my Vocational Rehabilitation Handbook.

		<div style="border: 2px solid black; width: 100%; height: 40px;"></div>	
VR Counselor Signature	Date	Individual Signature	Date

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