



INDIVIDUALIZED PLAN FOR EMPLOYMENT AMENDMENT INSTRUCTIONS

PURPOSE

To assist an individual in updating his/her original Individualized Plan for Employment (IPE). The Amendment is utilized to schedule a new service(s), drop a previously planned service or plan post employment services that are closely related to the existing job. It is also utilized when there is a change in vocational goal or occupational grouping.

PREPARED BY

Vocational Rehabilitation Counselor, eligible individual, and/or eligible individual's representative.

If prepared by eligible individual and/or representative, IPE must be approved by the Vocational Rehabilitation Counselor before it is effective.

INSTRUCTIONS

Individual: Enter the individual's name (first name, middle initial and last name).

Date: Enter the two-digit month, two-digit day and four-digit year for the completion of this document.

Post Employment: Place an X in the box to indicate the amendment is being utilized to identify Post-Employment services.

Update My Employment Goal: Place an X in the box to indicate the amendment is being utilized to update the individual's employment goal. A case progress note must address reasons for change.

Employment Goal: Enter the new employment goal as specific as possible.

Achieved By: Enter the two-digit month, two-digit day and four-digit year to indicate when the employment goal will be achieved.

Delete a service (specify): Place an X in the box to indicate the amendment is being utilized to delete a service. Enter the service that is no longer needed and specify why this service is no longer needed. A case progress note must address reasons for change.

Add or Update an Existing Service(s): Place an X in the box to indicate the amendment is being utilized to add or update and existing service(s). A case progress note must address reasons for change.

Service needed: Identify a specific service agreed upon by the individual and Vocational Rehabilitation (VR) counselor.

Beginning date: Enter the two-digit month, two-digit day and four-digit year the service will begin.

Provider of service: Enter the person, business, program etc. that will provide this service in a much detail as possible.

Who will pay for service: Enter the funding source for the service.

Continue with this format until **all** services, dates, providers, and funding sources are identified.



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I have been offered the choice to develop my employment plan and assistance in creating my plan, and I have been provided a copy of this plan in my most understood mode of communication which is _____ : Enter the individual's mode of communication (Braille, Large Print, CR, Tape or Electronic).

VR Counselor signs and dates the form.

Individual signs and dates the form.

DSB Supervisor signs and dates the form, if required.

Parent/Guardian signs and dates the form, if required.

DISTRIBUTION

Original: Case Record-Attached to the original IPE

Copies: Individual-Attached to the original IPE

Individual Representative if applicable-Attached to the original IPE