

Continuation of Prevocational Training Justification Form

Name of Individual: _____ DDD ID# _____ Date of Request: _____ Service Provider: _____

Date Prevocational Training Started Date: _____ Weekly Units: _____ Requested Length of Continuation (cannot exceed 1 year): _____

Related ISP Outcome(s): _____

Please list specific items that were identified on the Pathway to Employment in order to increase marketability for a job or meet requirements for a particular job:

How has progress been made in building the above mentioned skills? Please explain: _____

What other skills have been identified in reaching the desired outcome(s)? _____

Please explain what still needs to be accomplished with the additional requested prevocational training: _____

What changes will be made to assist the individual in reaching his/her desired outcome(s)? _____

Please attach a copy of the Prevocational Annual Update

To be completed by the Support Coordinator

Have you discussed other options or resources available with this individual? _____

Non-DDD Funded Services Available: _____

Has any additional assessment been completed to determine support needs in this area? YES NO

If YES, Date of Assessment: _____ Assessment Completed by: _____

Additional Notes: _____

Support Coordinator Signature: _____ Recommended for Approval Not Justified Date: _____

To be completed by the Division of Developmental Disabilities

Approved by: _____

Title: _____

Approved Denied

Date: _____

Expiration of Continuation: _____