

STUDENT SERVICES PLAN REQUEST

DR203 (Rev 12/21)

PAGE 1 OF 2

Student Last Name		Student First Name		Student Middle Initial
Mailing Address		City	Zip Code	County
Phone Number	Email Address			
Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State			

Please check all that apply


- White Hispanic or Latino Black or African American American Indian/Alaska Native
 Hawaiian Samoan Guamanian or Chamorro Other Pacific Islander
 Chinese Korean Asian Indian Japanese Vietnamese
 Filipino Laotian Cambodian Other Asian Decline to State

Please state the student's disability or reason for IEP/504 eligibility

Documentation (Please Select One)

- IEP (provide a copy)
 504 Plan (provide a copy)
 School Signature (see below)



If "School Signature" is selected: I confirm that the student is enrolled in the school identified below and has a record of or is regarded as having the disability stated above.

Signature of School Official 	Date
Printed Name of School Official	Title

School Name	School Address	Current Grade Level
School Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home School <input type="checkbox"/> GED Program <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> College/University <input type="checkbox"/> Other		Expected Date of Graduation/Exit from School (MM/DD/YYYY)

Parent/Guardian/Conservator Last Name	First Name	Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator
Phone Number	Email Address	

I give permission to school personnel to release this information to the Department of Rehabilitation. (20 U.S.C. 1232g(b) and 34 CFR 99.30 and 99.31.) I confirm that the student has documentation of or is regarded as having the disability stated above. I give consent for the student to participate in student services provided or arranged by the DOR, for as long as the student qualifies for such services.

Student Signature 	Date Signed	Parent/Guardian/Conservator Signature 	Date Signed
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PAGE 2 OF 2

FORM PURPOSE

This form is intended to request the Student Services Plan for potentially eligible students, in accordance with 34 CFR 361.48(a) and the Vocational Rehabilitation Services Portion of the Unified State Plan. "Potentially eligible" students are defined as students with disabilities, ages 16 through 21, who have not yet applied or been found eligible for the vocational rehabilitation program. This is not an application for vocational rehabilitation services.

The Student Services Plan can include any or all of the five pre-employment transition services: job exploration counseling, work-based learning, postsecondary enrollment counseling, work readiness training, and instruction in self-advocacy, depending on the needs and interests of the student. The Student Services Plan supports students to explore and prepare for employment through career exploration, work experience, and other foundational skills that assist in achieving workplace success.

FORM COMPLETION INSTRUCTIONS

Complete this form to document that the student is currently enrolled in a recognized education program and is considered a student with a disability as defined in 34 CFR 361.5(c)(51). Parent/Guardian contact information and consent are required for students who are less than 18 years of age and not an emancipated minor. Conservator contact information and consent are required for students with disabilities who are over 18 and have a conservator with relevant authority. An electronic version of this form is available online at www.dor.ca.gov. For more information on the requirements for pre-employment transition services, refer to 29 USC sections 705(37) and 733, and 34 CFR parts 361.48(a) and 361.5(c)(51). Consent for the student to participate in the Student Services Plan may be revoked at any time by providing written notice to the local DOR office.

NOTICE AND PRIVACY STATEMENT

The information requested on this form is necessary to correctly identify the individual as a student with a disability as defined in 34 CFR 361.5(c)(51), to provide authorization for the provision of pre-employment transition services, and to provide authorization for school personnel to release the information requested on this form to the DOR to coordinate, provide, or arrange student services in accordance with 29 USC sections 705(37) and 733 and 34 CFR parts 361.48(a) and 361.5(c)(51). Failure to provide the information requested may result in delays in services. Individuals should not provide any personal information on this form that is not requested.

The student, or parent, guardian, or conservator as appropriate, has the right to revoke the school's authorization to release information by providing written notice to school personnel. If the student, or parent, guardian, or conservator as appropriate, revokes the authorization, it will not affect information released to the DOR before the school personnel received the written notice revoking the authorization.

An individual has the right to inspect information maintained by the DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR. The DOR's Privacy Policy is online at www.dor.ca.gov. The DOR office locations and contact information can be found at <https://www.dor.ca.gov/Home/FindAnOffice>.

Any personal information maintained by the DOR is subject to the limitations in the California Information Practices Act (Civ. Code § 1798 et seq.), Title 34 Code of Federal Regulations section 361.38, and California Code of Regulations, title 9, sections 7140 through 7143.5. The DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, or abuse, subject to the limitations set forth in California Code of Regulations, title 9, section 7143.5. (34 CFR 361.38(e)(4) and (5).)