

# Louisiana Rehabilitation Services

## IPE and IEP working together

Beth Folsie  
Master Counselor



[www.laworks.net](http://www.laworks.net)

# Educators' Role In the Process

- Provide information to your students about LRS's Vocational Rehabilitation Services
- Provide the VR Counselor with Pupil Appraisal information for the initial interview
- Invite Local CRP's (vendors) of LRS to participate in your in-service informational meetings
- Assist student in recognizing their interests and abilities to enable them to choose a realistic job goal

# LRS

## Vocational Rehabilitation

- **Eligibility Criteria**
  - > Individual must have a physical or mental disability which constitutes or results in a substantial impediment to employment; **and**
  - > Be able to benefit from vocational rehabilitation services in term of employment; **and**
  - > Require vocational rehabilitation service to prepare for, enter, engage in, or retain gainful employment.
- **VR is an eligibility program, not an entitlement program**

# LRS Counselor's Role in the Process

- **Receives referral on students with disabilities who are at least 16 years old**
- **Assists students in entering gainful employment**
- **Acts as a resource for the school system**
- **Completes a plan for employment prior to students exiting from school**

# TRANSITION COUNSELOR

- **The Rehabilitation Counselor...**
  - **is involved with IEP/ITP Meetings for prospective consumers from the high schools**
  - **schedules an appointment or takes the application on consumers at time of ITP meeting**
  - **has the release forms signed**
  - **gathers information on each student/consumer from each school**

# HELPFUL FORMS

## Teacher Transition Assessment

### PARISH SCHOOL BOARD TEACHER TRANSITION ASSESSMENT

\*\*\*To Be Used for Students on Diploma/Skills Certificate/Connections Program\*\*\*

Student's Name: \_\_\_\_\_  
First Middle Last  
Student's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birth Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip Code  
Parent/Guardian's Name: \_\_\_\_\_ P/G Work Phone: \_\_\_\_\_

#### A. Post-Secondary Employment/Training (check all that apply)

Four Year College  Community College  
 Full Time Competitive Employment  Vocational/Technical School  
 Part Time Competitive Employment  Supported Employment  
 Sheltered Workshop  Other: \_\_\_\_\_  
 Military Service

1. What jobs, work experience or volunteer work has your student done in the community?  
\_\_\_\_\_
2. Will your student have any medical needs following graduation?  Yes  No

#### B. Adult Services (check all that apply)

1. Have you provided information on any agencies below if applicable?

Office of Citizens with Developmental Disabilities (OCDD)  
 Social Security Administration (SSI)  
 Louisiana Rehabilitation Services (LRS)  
 Office of Mental Health

#### C. Living Arrangements (check all that apply)

On his/her own (Renting apartment, house, etc.)  
 College Dormitory  
 At Home  
 Supervised apartment or Residential Group Home

#### D. Legal Issues (check all that apply)

1. Is your student able to make the proper decisions concerning the handling of his/her financial matters?  
 Yes  No
2. Is your student able to make the proper decisions concerning his/her own life after age 18?  Yes  No
3. After your student's 18 birthday, will he/she need someone to help them make the right decisions concerning their own life?  Yes  No

#### E. Recreation Leisure (check all that apply)

Participate in athletic/outdoor/activities  
(swim, jog, lift weights, aerobics, fishing, hunting, etc.)  
 Watch TV, movies, music, video games, reading  
 Other: \_\_\_\_\_

#### F. Communication (check all that apply)

Uses short, simple sentences  
 Has difficulty communicating on the phone  
 Nonverbal: alternative communication mode: \_\_\_\_\_  
 Difficulty generalizing, transferring, assimilating information  
 Has difficulty explaining things coherently  
 Difficulty following written instructions (below 5 or

# HELPFUL FORMS

## LD Checklist

RS-8E  
Revised 11/96

**LID CHARACTERISTICS CHECKLIST**

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ SETTING: \_\_\_\_\_  
 RELATIONSHIP TO CLIENT: \_\_\_\_\_  
 LENGTH OF RELATIONSHIP: \_\_\_\_\_  
 TENTATIVE VOCATIONAL GOAL: \_\_\_\_\_

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Directions: This checklist may be completed during an interview or given to parents, teachers, or other professionals to complete. Informants should rate each item according to the frequency of the behavior. Specific examples of comments should be provided when possible.

1 Seldom or Never    2 Often    3 Very Often    0 No opportunity to observe

Counselor Use Only: Circle the number of any characteristic which could be considered a possible vocational handicap.

**I. Attention**

1. Fidgets - feels restless	8. Shifts from one uncompleted activity to another
2. Has difficulty remaining seated when required to do so	9. Has difficulty working independently
3. Easily distracted	10. Talks excessively
4. Has difficulty awaiting turn in games or group situations	11. Interrupts or intrudes on others
5. Blurts out answers to questions before they have been completed	12. Does not seem to listen to what is being said
6. Has difficulty following through on instructions from others	13. Loses things necessary for tasks or activities at school, work, or at home
7. Has difficulty sustaining attention in tasks or leisure activities	14. Engages in physically dangerous activities without considering possible consequences

COMMENTS: \_\_\_\_\_

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**II. REASONING / PROCESSING**

15. Makes poor decisions	23. Has difficulty adjusting to changes in working conditions (e.g., different room)
16. Makes frequent errors	24. Has time management difficulties (e.g., attendance, meeting deadlines)
17. Has trouble using previously learned information in a new situation.	25. Requires concrete demonstrations
18. Has delayed verbal responses	26. Requires extra practice sessions
19. Takes longer to do a task than others	27. Has difficulty following oral instructions
20. Has difficulty adjusting to changes in school	28. Has difficulty following written instructions
21. Has difficulty adjusting to changes in steps in a job or task sequence	29. Has difficulty following a map or diagram
22. Has difficulty adjusting to changes in personnel	

COMMENTS: \_\_\_\_\_

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**III. MEMORY**

30. Has difficulty answering questions regarding personal history	33. Has difficulty retaining information for more than six months
31. Has difficulty repeating information recently heard	34. Has difficulty following multiple directions
32. Has difficulty repeating information recently read	35. Has difficulty performing tasks in correct sequence

COMMENTS: \_\_\_\_\_

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**IV. INTERPERSONAL SKILLS/EMOTIONAL MATURITY**

36. Interacts inappropriately with supervisors/teachers of same sex	45. Does not follow classroom or workplace "rules"
37. Interacts inappropriately with supervisors/teachers of opposite sex	46. Has difficulty making and keeping friends
38. Responds inappropriately to nonverbal cues	47. Displays lack of awareness of consequences of behavior
39. Has difficulty accepting new tasks without complaint	48. Has difficulty accepting constructive criticism
40. Upsets or irritates others	49. Has difficulty getting help from others
41. Sits and does nothing (hypoactivity)	50. Exhibits signs of poor self-confidence
42. Uses eye contact ineffectively	51. Has difficulty working in close proximity to others
43. Is too aggressive	52. Has difficulty working in isolation
44. Is withdrawn: Avoids social functions	

COMMENTS: \_\_\_\_\_

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**V. COORDINATION/MOTOR FUNCTION**

53. Has difficulty performing gross motor tasks (e.g., driving, lifting)	56. Has difficulty keeping balance
54. Has difficulty performing fine motor tasks	57. Has slow reaction time
55. Confuses left-right	58. Has limited endurance/stamina for motor activity

COMMENTS: \_\_\_\_\_

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**VI. COMMUNICATION: Oral Language**

59. Substitutes words inappropriately	61. Has difficulty explaining things coherently
60. Uses short, simple sentences	62. Has difficulty communicating on the phone

COMMENTS: \_\_\_\_\_

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**VII. READING**

63. Has difficulty reading aloud	66. Has difficulty reading signs in the environment
64. Has difficulty reading newspaper want ads	67. Reading comprehension is below 9th grade level
65. Has difficulty reading job applications	

COMMENTS: \_\_\_\_\_

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**VIII. WRITING/SPELLING**

68. Has difficulty writing legibly	71. Has difficulty communicating through writing
69. Has difficulty copying	72. Has difficulty with paragraph writing
70. Displays poor spelling skills	

COMMENTS: \_\_\_\_\_

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**IX MATH CALCULATION/APPLICATION**

73. Has difficulty managing money	75. Has difficulty performing math calculations
74. Has difficulty balancing checkbook	76. Math skills are below 9th grade

COMMENTS: \_\_\_\_\_

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# LRS Counselor Completing an Intake



# Development of the Individualized Plan for Employment (IPE)

- Must be developed within 90 days of eligibility for vocational rehabilitation services (there are exceptions to this).
- Individuals has right to develop their own IPE.
- The **Vocational Goal** must be consistent with the individual's unique strengths, resources, priorities, interests and capabilities.

# Individualized Service Delivery

## - IPE -

**Vocational rehabilitation services are delivered on the basis of an Individualized Plan for Employment (IPE) developed by both the professional Rehabilitation Counselor and the Consumer.**

**This IPE combines the Counselor's professional expertise with the needs and choices of the consumer in choosing a vocational goal.**

**It is developed after a thorough assessment and evaluation of the individual's rehabilitation potential.**

**Roadmap that results in gainful employment and independence for the consumer.**

**Services are individualized to meet the employment needs of the consumer.**

# IPE Planning Narrative

- Counselor met with consumer and his mother at school to complete IPE plan and staffing on this date. Following is the information gathered during the interview:
  - Explain consumer his right to develop his own plan.
  - Discuss consumer's past progress and feelings about school.
  - Discuss consumer's past employment and his future employment options.
  - Explanation of IPE process and signatures were obtained.

# Vocational Goal

- Once the consumer has decided upon a specific vocational goal, the IPE can then list in detail the VR services that are needed and who will pay for them.



# ITP – Transition Page

INDIVIDUALIZED EDUCATION PROGRAM Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: 11th - Eleventh CONFIDENTIAL DOCUMENT  
 LOUISIANA DEPARTMENT OF EDUCATION System: \_\_\_\_\_ Meeting Date: 3/7/2013 State: \_\_\_\_\_ Local: \_\_\_\_\_ Page 1 of 9 Revised 2011

## Transition Services

Date of Student Invitation: 2/8/2013 Method of Student Invitation: letter

Measurable Postsecondary Goals (Outcomes that occur after the student has left high school.)

Training or Education Goal: After graduating from high school, I will attend vocational/technical school to earn certification in welding.

Employment Goal: After graduating from high school, I will work part-time at a local grocery store while attending vocational/technical (Continued on Addendum Pages...)

Independent Living Goal: After graduating from high school, I will continue to live with family so I can save money for a vehicle.  
 (if applicable)

Transition Assessments List the multiple assessments used to address the student's career interests, vocational skills, employability, independent living skills, self advocacy and other preferences and interests.  
 Assessment documentation must be included in IEP folder.

Teacher transition, Reading/Math Level Indicator, IGP, EOC/LEAP scores, career cluster inventory

TRANSITION SERVICES	SCHOOL ACTION STEPS	STUDENT ACTION STEPS	FAMILY ACTION STEPS	AGENCY ACTION STEPS
INSTRUCTION/ RELATED SERVICES	The school will provide _____ with study skills, accommodations and remediation to support him in content area classes and EOC in order to meet requirements for high school diploma. He will get additional support in reading.	I will utilize my study skills and accommodations to complete all assignments and test in classes and prepare for the EOC in order to meet requirements for a high school diploma.	The family will ensure that _____ utilizes study skills and accommodations to complete all assignments and test in classes and prepare for the EOC in order to meet requirements for a high school diploma.	Beth Folse attended the meeting. has an open LRS file.
COMMUNITY EXPERIENCES	The school will provide assistance and guidance in utilizing community resources for Mason to explore requirements/opportunities for a career in welding.	I will utilize assistance and guidance in community resources provided by the school in order to explore requirements and opportunities for a career in welding.	The family will support _____ in utilizing assistance and guidance in community resources to explore a career in welding.	Beth Folse attended the meeting has an open LRS file.
EMPLOYMENT AND POSTSCHOOL ADULT LIVING	The school will provide instruction on skills needed and opportunity to participate in activities to prepare for a career in welding. The school will provide an opportunity for him to attend vocational school (Continued on Addendum Pages...)	I will participate in activities and instruction on skills needed to prepare for a career in welding. I will follow guidelines set by the vocational school and complete all requirements to earn certification in welding.	The family will encourage _____ to participate in activities and instruction on skills needed to prepare for a career in welding.	Beth Folse attended the meeting has an open LRS file.
FUNCTIONAL VOCATIONAL EVALUATION AND DAILY LIVING SKILLS	N/A	N/A	N/A	N/A

WHEN NEEDED, IF A PARTICIPATING AGENCY DOES NOT ATTEND, DOCUMENT OTHER ACTIONS FOR AGENCY LINKAGES.

Agency information was provided to student and parent. Beth Folse, LRS Counselor, can be reached at 985-449-5001. Her address is 1442 Tiger Drive, Thibodaux, LA 70301. Her email address is BFolse@lwc.la.gov

Exit Document: High School Diploma  
 Years to Graduate: 1  
 Anticipated Exit Date: 5/27/2014

Copies must be provided to Teacher(s), Parent(s), and Central Office

# ITP – Transition Page, Continued

INDIVIDUALIZED EDUCATION PROGRAM

Student Name: \_\_\_\_\_

DOE

Grade: 11th - Eleventh

CONFIDENTIAL DOCUMENT

LOUISIANA DEPARTMENT OF EDUCATION

System: Lafourche Parish

Meeting Date: 3/7/2013

State I

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(Addendum For Field: Transition Services - Employment Goal)  
school. Once I earn certification in welding, I work full time as a welder.

(Addendum For Field: Transition Services - Employment and Postschool Adult Living - School Action Steps)  
for welding during his senior year.

# IPE Final Version

- Once the applicant/consumer has been determined eligible, a meeting is set up to write the Individualized Plan for Employment (IPE)
- The consumer and the VR counselor are the ones that must agree on the final version

# IPE

## Louisiana Rehabilitation Services Vocational Rehabilitation Program Individualized Plan for Employment

Participant: Participant ID:

Caseload: 334 - Folve, Mary (Beth)

### 1. GENERAL INFORMATION

Plan Number: 2

Plan Approval Date

Primary Staff at Start:

Goal Completion Date 06/2014

Supported Employment: No

Small Business Enterprise: No

Employment Goal: All Other Helpers, Laborers, And Material Movers, Hand (519198)

### Participant's Reason for Choice of Employment Goal

A good choice given my abilities and disability.  
I explored options and feel this is a good choice.  
It agrees with my IEP plan through my high school.  
It matches my interests, abilities and strengths.  
The job outlook for this type of work is good.

### 2. PLANNED SERVICES

Description	Start Date	End Date
1 Guidance & Counseling	03/15/2013	02/28/2014

Counselor will make frequent contacts with consumer.

My Chosen Provider: LRS

#### Estimated Service Costs

Total Service: \$0.00

#### Source of Comparable Benefits

None

#### Other Comments

Individual as well as group guidance and counseling session

Description	Start Date	End Date
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2 Transportation	03/15/2013	02/28/2014
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Transportation will be provided to consumer.

My Chosen Provider: LPSB, Consumer and Family

#### Estimated Service Costs

Total Service: \$0.00

#### Source of Comparable Benefits

None

#### Other Comments

None

Description	Start Date	End Date
3 Other	03/15/2013	02/28/2014

#### TRAINING - ACADEMIC, VOCATIONAL & SOCIAL SKILLS

Nine week reports indicating that you are making passing grades and have good attendance in school. Monthly contacts showing that you are interested in employment, reliable, have a good work ethic, and a positive attitude towards work. Consumer will attend and participate in scheduled workshops and assessments.

My Chosen Provider: LPSB

#### Estimated Service Costs

Total Service: \$0.00

#### Source of Comparable Benefits

None

#### Other Comments

None

Description	Start Date	End Date
4 Job Placement/Job Development Services	03/15/2013	02/28/2014

Consumer agrees to keep all scheduled appointments, interviews, staffing and training etc. Consumer will contact LRS counselor if there are any problems and / or concerns that arise. Consumer will notify the counselor of any changes in employment and situation. Consumer will provide verification that he obtained and maintained employment for over 90 days once LRS services

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# IPE

have ended.

**My Chosen Provider:** LPSB and Consumer

Estimated Service Costs

Total Service: \$0.00

Source of Comparable Benefits

None

Other Comments

None

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### 3. PARTICIPANT RESPONSIBILITIES

- I have a responsibility to return any equipment purchased for me by the agency if I no longer use it.
- I understand that it is my responsibility to complete this plan and I will inform my counselor of changes or problems affecting my ability to do so.
- I understand the importance of attendance and punctuality.
- I will achieve satisfactory academic progress.
- I will attend all scheduled meetings and appointments.
- I will consistently look for employment.
- I will cooperate with all job placement efforts.
- I will follow-up on all employment leads provided.
- I will not quit my program or make any changes without contacting my counselor first.
- I will present my term/semester grade report.
- I will report any address or telephone number change to my counselor immediately.

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### 4. PLAN DOCUMENTATION

#### A. Criteria for evaluating progress towards my (participant) employment goal:

Nine week reports indicating that you are making passing grades and have good attendance at school. Monthly contacts to show that you are interested in employment, reliable, have a good work ethic and a positive attitude towards work. Consumer agrees to keep all scheduled appointments, interviews, staffing, and training, etc. Consumer will attend and participate in scheduled workshops and assessments. Verification that you obtained and maintained employment for over 90 days once LRS services have ended. Consumer will contact LRS counselor if there are any problems and/or concerns that arise. Consumer will notify the counselor of any changes in employment situation. Consumer will notify counselor if he's unable to maintain employment.

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### 5. POST EMPLOYMENT SERVICES

I have been informed of the availability of post-employment services. An assessment of my need for post-employment has been made. It is expected that I (will) (will not) need post-employment services.

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### 6. AGREEMENT OF UNDERSTANDING

#### Responsibilities

I agree to work cooperatively with my Rehabilitation Counselor in completing my program of vocational rehabilitation to achieve successful employment. I agree to inform my Counselor of any circumstances arising that could negatively affect my reaching an employment goal. I understand that my entire program including, but not limited to, all amendments may be canceled if I fail to meet my responsibilities. I agree to provide my counselor with employment information after becoming gainfully employed.

#### Joint Program Development and Right of Review

I understand that I have a right to participate in the development, amendment and Annual Review of this IPE, including, but not limited to all amendments to this IPE.

I have received, in an appropriate mode of communication, information on my options for developing this IPE. I understand that I (or my representative, if appropriate) have the option of developing all or part of my IPE. I choose (initial choice):

To have my counselor develop my IPE for me.

To develop my IPE with assistance from my LRS VR counselor.

To develop my own IPE as per the LRS guidelines afforded to me in an appropriate mode of communication.

#### Assistive Technology/Occupational Tools and Devices

I acknowledge and understand that any property, such as assistive technology devices or occupational tools and equipment that may be provided to me is supplied solely for my vocational rehabilitation. I agree to keep such property in good condition and available for inspection at all reasonable times; that the property is not to be sold, mortgaged, given away, or in any way disposed of; and when it is no longer in use for the intended purpose for which it was provided, I will return the property to LRS. Exceptions include assistive technology devices that have been prescribed, modified, or customized to meet my individual personal needs. Examples of such exempt items include, but are not limited to, prosthetics, orthotics, and vehicle/home modifications.

#### Ticket-To-Work

I acknowledge as an SSI/SSDI recipient (if applicable), that by signing an original IPE, my Ticket, if eligible under the Ticket to Work and Work Incentives Improvement Act, will automatically be placed In-Use SVR with LRS on the date I sign the IPE.

#### Funding

I understand that services outlined in my program are in accordance with Agency policy and procedures and provision of services depends upon the availability of funds. Also, all services must be pre-approved and pre-authorized by my Counselor. The Counselor must make a written authorization for services before or at

# IPE, Continued

the same time as the purchase of services. Any service I receive without prior approval of my Counselor will be my responsibility.

#### Client Advocacy Program

I understand the resources available to me from the Client Assistance Program (CAP) and my right to request involvement of CAP if I encounter any problems with my program of vocational rehabilitation that cannot be resolved to my satisfaction. The CAP can be reached at 8325 Oak Street, New Orleans, LA 70118 or by telephone at 1-800-960-7705 (voice or TDD).

#### Appeal Procedure

If I am dissatisfied with services that are furnished or denied to me or any decision(s) affecting my vocational rehabilitation program, I understand that I have the right to request either an Administrative Review or a Fair Hearing by writing to the Regional Manager within 15 calendar days of the date the Agency mails the letter notifying me of the action being taken.

#### Changes in My Program

I understand that if at any time conditions indicate that I do not have the ability to achieve an employment outcome, I may be determined ineligible for vocational rehabilitation services. I have a right to participate with my Counselor in an ineligibility decision and to appeal such a decision.

#### Annual Review

Once a year, my Counselor and I will review my program, evaluate my progress, and determine whether any changes are needed. I understand that my case will be closed when I have been successfully employed for at least 90 days. I may be considered for additional services if such services are needed to help me keep my job after my case is closed.

By signing this IPE, I am confirming that I have read the Agreement of Understanding, or such information has been read to me and/or has been presented through methods that are fully understandable to me. I also understand that the delivery or implementation of any service(s) listed on this IPE is/are conditioned on the approval and signature of both myself (or my authorized representative), my LRS Counselor, and any other supervisory or agency-required approval(s), as well as the availability of funds to LRS. I understand that I will be given a copy of this IPE after all agency-required approvals have been obtained.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
DATE

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\_\_\_\_\_  
Regional Manager's Signature (If required)

\_\_\_\_\_  
DATE

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# Guidance and Counseling

LRS Counselor provides Guidance and Counseling at assigned schools (if feasible).

- Depends on Caseload size & number of schools
- Student availability
- Location to meet
- Collaboration on subject matter
- Student follow up on assignments

# TRANSITION COUNSELOR

## Guidance and Counseling Activities

Individual and/or  
Group Counseling  
held at least  
monthly:

- Capabilities
- Interests
- Careers
- Positive Attitude/Behavior
- Life Skills
- Social Skills



# Guidance and Counseling Activities

- Decision Making Skills
- Grooming
- Problem Solving
  - Reasoning
  - Communication
- Goal Planning
- Self Assessment of Abilities/Interest



# Guidance and Counseling Activities Continued...

- **Career Exploration**
- **Steps Needed to  
Reach Career Goal**
- **Punctuality/Attendance**
- **Matching Abilities/  
Interest to a Career**
- **Educational /  
Vocational Training**
- **Guest Speakers**
- **Employer Contacts**
- **Information Gathering**



# Guidance and Counseling Activities Continued...

- **Company/Industry Tours**
- **Job Shadowing**
- **Job Applications**
- **Resume Writing**
- **Interviewing Techniques**
- **Mock Interviews**
- **Internships**
- **Job Development/Placement**



# Documentation is the Key

After each session with the students an entry must be made in each case record to show that Guidance and Counseling was held. It needs to contain all relevant information discussed during the session. This should be done on a monthly basis.



# Collaboration – IEP/IPE

Working together to obtain all needed information on the student helps in making the most successful plan (IEP/IPE) for that Individual's  
**FUTURE & EMPLOYMENT OUTCOME!**





# IEP/IPE

Any questions?



# LRS' MAIN GOAL

