

Early Start to Supported Employment

Confirmation of Student Participation in Program

Student:

Date:

School/School District:

- | | | | | |
|----|---------------------------|-------|-----|----|
| 1. | Anticipated Exit Date: | _____ | | |
| 2. | DDDS eligible: | | Yes | No |
| 3. | DVR eligible: | | Yes | No |
| 4. | Meets Selection Criteria: | | Yes | No |

This student is appropriate for the Early Start to Supported Employment Program. Once all required eligibility determinations have been completed, the student and family will meet with school, DVR and DDDS, select an adult service provider, and begin supported employment assessments as next steps.

Employment-Related Strengths:

Supports Needed for Employment Success:

Screening completed by:

_____	Principal
_____	Teacher/Transition Specialist
_____	DVR representative
_____	DDDS representative

Please send one copy of this Confirmation Form to:

Mark Chamberlin, DE Dept. of Education
401 Federal Street, Suite 2
Dover D370B

or fax to:

302-735-4210