

Iowa Vocational Rehabilitation Services (IVRS) Refusal of Services by Students with Disabilities

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

You have, through your own choice, refused to participate or continue to participate in the pre-employment transition services or other services leading to competitive integrated employment offered through IVRS. Please be advised that your refusal may negatively impact your ability to participate in extended employment through a community rehabilitation provider.

Reason for refusal: _____

You further understand that IVRS will contact you every six months for the first two years following the date of this refusal and annually thereafter, to discuss employment options and the services available to assist you in finding a job. IVRS will retain copies of all documentation related to your refusal to participate.

Student's Name	Date	Parent/Guardian (if applicable)	Date
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IVRS Representative	Date	School Official (if applicable)	Date
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IVRS USE ONLY:

Method of Transmittal

Date of Transmittal

A copy of this refusal letter must be provided to the student and/or parent/guardian within 10 days of the refusal.