 **Sequencing of Services Interagency Collaboration Notes for Student Planning**

School Team + Division of Vocational Rehabilitation + Community Centered Board + Center for Independent Living + Additional Partners as Appropriate

* Date (00/00)
* Check this document weekly for updates
* When emailing be sure to cc’ members of student’s team

| **Youth:** Name**School or Program:****School Transition IEP:** |
| --- |
| *Career/Employment Goal:* |
| *Education/Training Goal:* |
| *Independent Living Goal:* |
| **CIL Independent Living Plan:** |
| *Goal:* |
| **DVR IPE:** |
| *Employment Goal:* |
| **\*\*CCB Connected?** YES or NO or IN PROCESS or N/A **\*\* SSI:** YES or NO **\*\* Guardianship:** IN PLACE or NO |
| Agency or Team | Outcomes of Work/Meeting with Youth | Follow up Needed | Questions |
| School Team*Staff Contact Name* |  |  |  |
| CIL*Staff Contact Name* |  |  |  |
| DVR*Counselor Name* |  |  |  |
| XXXX*Staff Contact Name* |  |  |  |