

ARIZONA DEPARTMENT OF ECONOMIC SECURITY - Rehabilitation Services Administration
Supported Education
CLIENT SERVICE PLAN

Client Service Plan Meeting Date (MM/DD/YYYY): 07/05/2025

Client Service Plan Start Time: 9:30 AM

Client Service Plan End Time: 10:30 AM

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: John Coach

VR Client Name: Sally Sample

VR Counselor Name: Joe Counselor

RSA Authorization #: 01000000A1

VR Counselor's referral question(s) or concerns: VR Client would like to explore Computer Technician programs. Please assist the VR Client to review program requirements and expectations.

VR Client's accommodation (ASL, CART, Large Print, etc.) needs necessary for successful completion of the service objectives specified in the Client Service Plan: Large Print

VR Client's Employment Goal: VR Client wants to become a Computer Technician

Other areas relevant to the service provision and VR Client's accomplishment of service objectives: VR Client completed their G.E.D and wants to continue with post-secondary education.

VR Client's attendance requirements necessary for successful completion of the stated objectives:

Anticipated number of days per week: 4

Anticipated number of hours per day: 3

Anticipated number of service units: 40

Anticipated Date of Supported Education Completion (MM/DD/YYYY): 09/30/2025

1. SPECIFIC SERVICE OBJECTIVES

The following service objectives shall be completed with the VR Client:

Service Objective #1: Identify the post-secondary educational or employment/career training requirements to meet the VR Client's employment goal.

Objective necessary: Yes No

Details of services needed: Assist with websearch to identify possible post-secondary educational training requirements/institutions.

VR Client's progress will be measured as follows: To obtain at least 3 post-secondary educational training programs.

Service Objective #2: Determine/select the appropriate program most suitable for the VR Client, which is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities and informed choice.

Objective necessary: Yes No

Details of services needed: Assist VR Client to select a program of study most suitable for the VR Client.

VR Client's progress will be measured as follows: VR Client will be able to identify strengths and limitations.

Service Objective #3: Identify costs, research and discover financial aid resources and options to pay for the selected educational/training program.

Objective necessary: Yes No

Details of services needed: Assist VR Client to meet with the financial aid office for the selected educational program.

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VR Client's progress will be measured as follows: Confirmation that meeting with financial aid has taken place.

Service Objective #4: Assist the VR Client in applying for financial aid (e.g., Pell and other Federal/State/municipal grants, scholarships, private grants, etc.) identified, including comparable benefits.

Objective necessary: Yes No

Details of services needed: Assist VR Client to create Pell Grant account, gather income documentation, search through post-secondary website for additional resources and scholarships, etc.

VR Client's progress will be measured as follows: Pell Grant application and scholarship applications will have been submitted.

Service Objective #5: Assist the VR Client in registering for the selected post-secondary educational/training program.

Objective necessary: Yes No

Details of services needed: Aid the VR Client in completing the necessary application forms to enroll.

VR Client's progress will be measured as follows: Completion of enrollment.

Service Objective #6: Assist VR Client with registering with the Disability Resource Center (DRC)/Disability Resource Services (DRS) on campus, coordination of disability related accommodation services and any accommodation or special services necessary for the successful completion of an educational or employment training program.

Objective necessary: Yes No

Details of services needed: Assist VR Client with providing the necessary documents to register for DRC. Coordination of care with all involved parties with DRS.

VR Client's progress will be measured as follows: DRC Meeting has taken place and VR Client accommodation has been set in place.

Service Objective #7: Assist VR Client in scheduling an appointment with their academic advisor to develop and obtain a Plan of Study and/or Degree Audit Report outlining coursework(s) required for completion of the post-secondary education/training program or degree.

Objective necessary: Yes No

Details of services needed: Prompt the VR Client to schedule an appointment with their academic advisor. Help VR Client navigate their Plan of Study.

VR Client's progress will be measured as follows: Confirming meeting has been scheduled.

If applicable: Using clear and measurable terms for each service objective below, describe the activity and services that will be provided for VR Client to successfully register in post-secondary education, career training or certification programs:

Service Objective #8: _____

Objective necessary: Yes No

Details of services needed: _____

VR Client's progress will be measured as follows: _____

Service Objective #9: _____

Objective necessary: Yes No

Details of services needed: _____

VR Client's progress will be measured as follows: _____

Internship required: Yes No Optional
If an internship will be completed, please describe: _____

2. OUTCOME OF THE SERVICE PLANNING MEETING

Check one (1):

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- Vendor accepts referral and agrees to begin services within twelve (12) business days from the Client Service Plan meeting
- Vendor or VR Client declines referral. Explain why: _____
- VR Client and/or VR Counselor was a "no-show" for Client Service Plan meeting (one (1) time max. fifteen (15) minute billing for discussion of service provision and outreach to party not present)
- Revised Client Service Plan. Date Revised: _____

If unable to start service within twelve (12) business days, please explain why: _____

VR Client Signature: _____ *Sally Sample* _____ Date: 07/05/2025

VR Client Guardian/Representative Signature (if applicable): _____ Date: _____

Vendor Representative Signature: _____ *John Couch* _____ Date: 07/05/2025

VR Counselor Signature: _____ *Joe Counselor* _____ Date: 07/05/2025