COOPERATIVE AGREEMENT

On behalf of Montana's students with disabilities, the **Montana Vocational Rehabilitation** (MVR) program and _____ –partners in the Montana Youth Transitions coalition—agree to work together to help eligible students with disabilities effectively transition from school to work.

***WHAT** can MVR do for teachers and their students?*

Per this agreement, the MVR representative noted below will be available via phone, during IEP meeting, or in scheduled appointments to:

- Provide information about MVR services
- Provide suggestions regarding vocational planning
- Take applications when appropriate

School staff, per this agreement, will refer students with disabilities to MVR following the guidance noted below.

***WHO** to refer:*

Please refer any student who you believe may have difficulty independently preparing for, securing, or maintaining employment due to a physical or mental disability.

***WHEN** to refer:*

Students become eligible to submit a formal application for MVR services during the spring preceding the student's exit year. Prior to that time, MVR counselors will serve as consultants regarding vocational planning.

***HOW** to refer:*

1. Schedule an appointment for the student to meet with the counselor whose name is noted below.
2. Gather medical and/or psychological records containing diagnostic information. This information is necessary to determine eligibility for MVR services, and will be requested from the school via a signed release.

MVR Contact Information:

Name:

Address:

Phone:

Signature of School Representative

_____

Date:

Signature of MVR Representative

_____

Date:

Print Form