# 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*