

# Kentucky Office of Vocational Rehabilitation

## 19C-Student Individual Responsibilities

### Instructions

Purpose: The purpose of this form is to make the student aware of their responsibilities as a consumer with the Office of Vocational Rehabilitation who we are assisting with training as part of their Individualized Plan for Employment (IPE).

<b>Student's Name</b>	Enter the first and last name of the student
<b>Date</b>	Enter the date the form was filled out using mm/dd/yyyy format
<b>Name of School</b>	Enter the name of the school the student is attending
<b>Type of Student</b>	Select if the student is part-time or full-time
<b>Hours per term</b>	Enter the number of hours per term that the consumer is taking
<b>Required GPA</b>	Enter the grade point average (GPA) that the student must maintain
<b>Degree Type</b>	Enter the type of degree the student is planning to complete
<b>Estimated time to complete degree</b>	Enter the amount of time that it should take for the student to finish the degree

**Anticipated Completion Date** Enter the date that the student should complete the degree program using mm/dd/yyyy format

**Date grades/class schedule due** Enter the date that grades and class schedule are due using mm/dd/yyyy format

**Counselor's Name** Enter the name of the counselor

**Counselor's email address** Enter the email address of the counselor

**Counselor address** Enter the office address of the counselor

**Counselor Phone Number** Enter the phone number of the counselor including area code

**Counselor Fax Number** Enter the fax number of the counselor including area code

Make sure that you go over each responsibility that the consumer has and list any individual requirements and/or exceptions in the box provided at the bottom of page 2.

**Consumer Address/Signature** The consumer should sign and date the form