

**Kentucky Office of Vocational Rehabilitation  
Individualized Plan for Employment (IPE) Continuation**

**Name:**

**Case Number:**

**Vocational Services needed to reach my goal (Continuation):**

**Service:**

**Service Specifics:**

**Vendor / Service Provider Name:**

**Service Beginning Date:**

**Other Comments:**

**Service:**

**Service Specifics:**

**Vendor / Service Provider Name:**

**Service Beginning Date:**

**Other Comments:**

**Service:**

**Service Specifics:**

**Vendor / Service Provider Name:**

**Service Beginning Date:**

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**Service Specifics:**

**Vendor / Service Provider Name:**  
**Service Beginning Date:**  
**Other Comments:**

\_\_\_\_\_  
Consumer Signature Date

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
Vocational Rehabilitation Counselor Signature Date

\_\_\_\_\_  
Branch Manager Signature (if applicable) Date

\_\_\_\_\_  
Director of Field Services Signature (if applicable) Date

\_\_\_\_\_  
Rehabilitation Technology Branch Manager Signature (if applicable) Date

This IPE Continuation may be attached to an IPE or IPE Amendment when required services exceed the space available on those forms. The IPE Continuation must be completed at the same time as the IPE (or IPE Amendment.) Both forms must be signed and dated and the dates must match.