

**Kentucky Office of Vocational Rehabilitation OVR-5
Trial Work Experience Continuation Form**

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:

Other Comments:

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:
Other Comments:

Service:
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.