**District**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Workforce Innovation and Opportunity Act (WIOA) Section 511 – Subminimum Wage

**LEA Documentation of Completed Transition Services**

The following information is being provided to Aging and Disability Services (ADS)/Bureau of Rehabilitation Services (BRS) in compliance with Section 511 of the WIOA to document the provision of transition services provided under the IDEA related to competitive integrated employment **no later than 30 calendar days after the completion of the required activity or service.**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Description of the Transition Service or Activity Completed and Attach Most Recent IEP** |   |
| **IEP Date** |   |
| **Name of Service Provider** |   |
| **Date of Completion (special education exit date)** |   |
| **Name of Person Documenting Completion** |   |
| **Signature\* of Person Documenting Completion** |   |
| **Date of Signature** |   |
| **Name of Person Transmitting Documentation** |   |
| **Signature\* of Person Transmitting Documentation** |   |
| **Date of Transmission** |   |
| **Method of Transmission** | [ ]  **Mail** [ ]  **Email\*\*****\*\*Confidential student information submitted by email MUST be encrypted/password protected to comply with confidentiality requirements of the FERPA and IDEA.** |
| **Written Consent for Disclosure of Confidential Student Information** | [ ]  **Checking this indicates that the LEA has been given written consent to disclose this information to ADS/BRS.** |

**\*Signature – The script font option will be accepted as an electronic signature.**

**PLEASE NOTE:** District must complete and submit this form, with a copy of the student’s current IEP attached, to ADS/BRS **no later than 30 calendar days after the completion of the required activity or service.**

**Please send this form and attachments to: Katlyn Williams**, Secretary

Aging and Disability Services (ADS)

Bureau of Rehabilitation Services (BRS)

55 Farmington Avenue, 12th Floor

Hartford, CT 06105-3725

**Phone: (860) 424-4895**

**Email:** Katlyn.Williams@ct.gov