

## Pre-Employment Transitions Services (Pre-ETS) Referral Form

**Student's Full Name:** \_\_\_\_\_

**District/County:** \_\_\_\_\_ **School:** \_\_\_\_\_

I understand that by signing this document I am granting permission to provide the Office of Vocational Rehabilitation (OVR) my information below. I understand that currently this is not applying for OVR services. This is only granting **permission to participate** in pre-employment transition services being offered. I understand this form may be shared by school staff and the Office of Vocational Rehabilitation only when services are being implemented by the provider(s) noted below. I understand that I may apply for OVR services at any time should I need their services in the future. Photographs of participants in transition activities or transition functions are taken for publicity purposes for use in media publications. Participants or guardians who **do not** give permission to be photographed should contact the Transitions Coordinator at Referral Entity directly to restrict access.

This student has a verified disability, as confirmed by the school district staff signature below, either by means of an Individual Education Program (IEP), 504 plan, or disability documentation *as noted below for other acceptable supporting documentation.* **\*(Copies of documentation are not required for participation).** This form will be communicated with OVR by email.

### ALL SIGNATURES REQUIRED

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Student Information, completed by school staff:

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Gender:** ☐ Female ☐ Male ☐ Does not self-identify **Deaf/Hard of Hearing?** ☐ Yes ☐ No

**Ethnicity:** ☐ Hispanic ☐ Latino ☐ Neither **Blind/visually impaired?** ☐ Yes ☐ No

**Race:** ☐ White ☐ Black or African American ☐ Native Hawaiian or Other Pacific

☐ American Indian or Alaskan Native ☐ Asian

**Disability documentation:** ☐ 504 plan ☐ IEP ☐ Not covered by 504 or IEP

**School Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Expected Date to Exit School:** \_\_\_\_\_

### Pre-ETS Provider

**This form does not apply to Community Work Transition Project (CWTP).**

☐ Educational Cooperative (EC): \_\_\_\_\_

☐ Kentucky Community Technical College System (KCTCS): \_\_\_\_\_

☐ Community Rehabilitation Program (CRP): \_\_\_\_\_

☐ Jobs for Kentucky's Graduates (JAG KY)

☐ Office of Vocational Rehabilitation (to include Perkins Center (CDPVT) and McDowell Center)

**Pre-ETS Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Case note documenting counselor observation, review of school records, statements of education staff, copy of an individual education program (IEP) document, SSA beneficiary award letter, school psychological assessment, documentation of a diagnosis or disability determination or documentation relating to 504 accommodation(s). Parent/Guardian signature on this form may also serve as documentation of disability.