

## APPROVAL TO PARTICIPATE IN THE PRE-EMPLOYMENT TRANSITION SERVICES

To OVR Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

From/Email (ES, Teacher, Counselor, other): \_\_\_\_\_

### Student Information

Student Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN (optional): \_\_\_\_\_

Ethnicity: ☐ Individual is Hispanic or Latino ☐ Individual is NOT Hispanic or Latino

☐ Individual did not self-identify ethnicity

Race: ☐ White ☐ Black or African American ☐ Native Hawaiian or other Pacific

☐ American Indian or Alaskan Native ☐ Asian

### School Information

2018-2019 School Attending: \_\_\_\_\_ 2018-2019 Grade: \_\_\_\_\_

Expected date to exit school or anticipated graduation year: \_\_\_\_\_

Choose One: Providing a copy of ☐ IEP ☐ 504 Plan ☐ Doctor Statement (and/or) ☐ Disability Documents

I understand that by signing this document my (child's) school will provide the Office of Vocational Rehabilitation with the information listed below. I understand that currently I am not applying for Voc-Rehab services but only granting permission to participate in Pre-Employment Transition Services being offered through my (child's) school. I understand that I may apply for Voc-Rehab services at any time should I (my child) need their services in the future.

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

Parent, if under 18/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Attach Copy of IEP, 504 Plan, Doctor's statement or documentation of disability.