Kentucky Office of Vocational Rehabilitation
Pre-ETS Referral/Consent Instructions

Section 1: Information about the student

This form is not to be used for CWTP.

School: Definition of School: Secondary or post-secondary education program the student is currently attending or has intention to attend. The student with a disability has been accepted; accepted the invitation; and the institution has informed the individual that their "spot" is being held for them.

Signature: Legal guardian must sign if the student is under 18 or has a court appointed guardian. Student must sign form. School Staff of the education program must sign form.

Last Name	Enter the student's last name
First Name	Enter the student's first name
Middle Initial	Enter the student's middle initial
Student ID	Enter the student's ID
Date of Birth	Enter the student's date of birth

Parent/Legal Guardian Email   Enter the parent or legal guardian's email

Student Email   Enter the student's email

Mailing Address   Enter the student's mailing address

City   Enter the city of the student's mailing address

State   Enter the state of the student's mailing address

Zip Code   Enter the zip code of the student's mailing address

Primary Phone   Enter the primary phone (including the area code) and select what the number can be used for whether it is voice, TTY, SMS, or video

Secondary Phone   Enter the secondary phone (including the area code) and select what the number can be used for whether it is voice, TTY, SMS, or video

Race   Select all that apply

Ethnicity   Select the student's ethnicity

Gender

Select the student's gender or if it was not reported

Requirements for the provision of Pre-ETS services

Select all the requirements that the students meets for the provision of Pre-ETS services

Section 2: Educational Information

School Currently Enrolled

Enter the school that the student is currently enrolled in

County

Enter the county that the school is located in

Phone Number

Enter the phone number, including area code, of the school

Grade Level

Enter the grade level of the student

Expected Graduation Date

Enter the expected graduation date

Type of Degree

Enter the type of degree the student has achieved

IEP or Accommodation Plan under Section 504 of the Rehabilitation Act

Select whether the student has an IEP or an Accommodation Plan or not

Sensory Disabilities

Select whether the student has a hearing or visual disability or both

Section 3: Client Assistance Program

This section is read only for the student.

Section 4: Signatures

The parent/legal guardian and the student should read all the assurances before signing the document.

Parent/Legal Guardian Signature The parent or legal guardian needs to sign the form. Please check the box for which individual is signing the form

Parent/Legal Guardian Printed Name The parent or legal guardian needs to print their name beside their signature

Parent/Legal Guardian Date The parent or legal guardian should enter the date that they signed the form

Student Signature The student needs to sign the form

Student Printed Name The student should print their name beside their signature

Student Date The student should enter the date that they signed the form

Please use these instructions for DocuSign before sending the form to the consumer

Select Start for quick access to the most common eSignature actions.

1. Select Send an Envelope
2. Use the template of the Pre-ETS Referral form.
3. Enter the recipient's name(s) and contact information.

a. As a sender, you will receive a copy of the completed Document. Place the copy in the consumer file.

Please use these instructions if sending the form by regular mail.

1. After filling out the form, print off the form and mark where the individual needs to sign before sending it to the individual. When the form is received, place it in the case file.