

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 from a doctor, psychologist or other licensed medical professional. 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 (CDPVTC) and McDowell Center): _____

Pre-ETS Provider Signature: _____ **Date:** _____