**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 (CDPVTC) 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.*