



Pre-ETS Referral Form

*Required Fields

Student Information

*Name: _____ SS#: _____
*Date of Birth: _____ Gender: _____ Disability Documentation: _____
Race: _____ Ethnicity: _____
*Home address: _____
*City: _____ *Zip Code: _____ *County: _____
*Phone Number: _____ Email: _____
*Name of School: _____

Parent/Guardian Information (if applicable) Name: _____

Home Phone, if different from student: _____ Cell: _____

Email: _____

*Agency Making Referral

Name: Michael Hearts Academy Inc Position: _____
Email: Mjhearts19@gmail.com Phone: 407-223-0949

Accommodations for initial meeting with VR Staff:

- Do you require an American Sign Language interpreter? Yes
Do you require an assistive listening device? Yes
Do you require translated documents? Yes
Do you require a foreign language interpreter? Yes
Do you require any other accommodation for your impairment? Yes

If yes, please explain: _____

*Transition Youth Services Requested (Check all that apply)

- Job Exploration Counseling (includes discussions on the student's vocational interests, the labor market, and identification of career pathways)
- Work Readiness Training (A 20 hour course that focuses on employability and work readiness skills)
- Self-Advocacy Training (A course that teaches students how to speak up for themselves and make decisions about their own lives)
- Postsecondary Educational Counseling (provides an awareness of post-secondary career pathway options with job and career information) * Service is not currently available
- Work-Based Learning Experiences (includes hands on training for employability skills; may be paid or non-paid)

