

# **Pre-ETS Referral Form**

\*Required Fields

### **Student Information**

*Name:	SS#:
*Date of Birth: Gender:	Disability Documentation:
Race:	Ethnicity:
*Home address:	
	ip Code: *County:
*Phone Number: Email:_	
*Name of School:	
	ame:
Home Phone, if different from student:	Cell:
Email:	
	Making Referral
Name:	Position:
	Phone:
Accommodations for initial meeting value of the property of th	age interpreter?  Yes vice?  Yes V Yes V Yes preter? Yes
*Transition Youth Services Requested	
identification of career pathways)	on the state in a vocational interests, the labor market, and
Work Readiness Training (A 20 hour course that f	focuses on employability and work readiness skills)
Self-Advocacy Training (A course that teaches stu their own lives)	udents how to speak up for themselves and make decisions about
Postsecondary Educational Counseling (provides a and career information) * Service is not currently available.	an awareness of post-secondary career pathway options with job silable
Work-Based Learning Experiences (includes hands	ds on training for employability skills; may be paid or non-paid)
n	

#### **Student Acknowledgement**

I understand that through Vocational Rehabilitation, I will be offered limited Pre-Employment Transition Services that can help me explore, prepare for, and make informed career-based decisions. I understand that I must be an active participant in the services I choose to achieve my transition goals. Signature of Student Date Permission to Make Referral \_\_\_\_\_ permission to submit this Pre-ETS By Signing this Pre-ETS Referral, I give \_\_\_\_\_ Referral to VR. I understand I will be contacted by VR Staff to set up an initial meeting and acknowledge that my participation is required if my child is under 18 or if I am his/her Guardian. Parent/Guardian/Age of Majority Student: \_\_\_\_\_\_ Signature Date Referral Staff: \_\_\_\_\_ Printed Name Position Signature Date Name of person submitting the Pre-ETS Referral to VR: \_\_\_\_\_ Phone # of person submitting the referral to VR (if different): \_\_\_\_\_\_\_ For Official VR Use Only (to be completed by VR Staff) VR Staff Name: \_\_\_\_\_\_ Area/Unit\_\_\_\_\_ Date referral received: \_\_\_\_\_\_ Date entered into RIMS: \_\_\_\_\_



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