

Pre-ETS Referral Form

*Required Fields

Student Information

*Name:		SS#:	
*Date of Birth:	Gender:	Disability D	ocumentation:
Race:		_ Ethnicity: _	
*Home address:			
*City: *Zip		Zip Code:	*County:
*Phone Number: Email:			
*Name of School:			
Parent/Guardian Information	ion (if applicable) N	lame:	
Home Phone, if different for	rom student:		Cell:
Email:			
	*Agency	y Making Ref	erral
Name:	Position:		
Email:			Phone:
•	r initial meeting American Sign Lang assistive listening de	uage interpreter	_
Do you required tr Do you require a fo Do you require any	anslated documents oreign language inte y other accommoda	s?	
*Transition Youth Se	rvices Request	ed (Check all	that apply)
☐ Job Exploration Counselinidentification of career pathw	= :	ns on the student's	vocational interests, the labor market, and
Work Readiness Training	(A 20 hour course tha	nt focuses on empl	oyability and work readiness skills)
Self-Advocacy Training (A	course that teaches s	students how to sp	peak up for themselves and make decisions about
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)			

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 **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: _____