



# 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: \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## 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 required 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)

## 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

By Signing this Pre-ETS Referral, I give \_\_\_\_\_ permission to submit this Pre-ETS 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: \_\_\_\_\_