



Information and Consent

Opportunities for Ohioans with Disabilities (OOD), in coordination with schools and other community partners, provides **Pre-Employment Transition Services (Pre-ETS)** to students with disabilities who have an open Vocational Rehabilitation (VR) case or are potentially eligible (PE) for VR services. A student with a disability is an individual who is: enrolled in an educational program; 14 years of age through not yet 22; and has a documented disability (e.g., learning, behavior, mental health, mobility, hearing, vision).

The following information completed by school personnel **must be sent along with documentation** of the student's disability for any **potentially eligible** student (i.e., has a disability but is not receiving VR services). **Please submit the Request for Pre-Employment Transition Services form along with documentation of the student's disability identified above by fax: 614-985-8435 or by e-mail OOD.PreEmploymentRequestFax@ood.ohio.gov**

Section I: Student Background Information (* indicates required field)

| | | | | | | | |
|--|--|--------------------------|----------------|--|-------------------|-------------------------|-----------|
| *Name (Last) | | *Name (First) | | M.I. | Suffix (e.g. Jr.) | *Social Security Number | |
| *Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | *Birth Date (mm/dd/yyyy) | | *County of Residence | | | |
| *Home Address (Street) | | | *City | | *State | | *Zip Code |
| *Home Phone No. (10-digit). <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Video Phone | | | E-mail Address | | | | |
| *Race/Ethnicity <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White | | | | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please list immigration status | | | |
| *Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must also choose a "Race/Ethnicity") | | | | | | | |
| *Is the student's disability (check all that apply) <input type="checkbox"/> Deaf/Hard-of-Hearing; Need for Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Blind/Vision Impairment; Need for Reader? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Developmental Disability; Eligible for County Board? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Disability; Specify: | | | | | | | |
| Other Disability Related Information: | | | | | | | |
| *Check which documentation of disability is included <input type="checkbox"/> IEP <input type="checkbox"/> ETR <input type="checkbox"/> 504 Plan <input type="checkbox"/> SSA Award letter <input type="checkbox"/> Other diagnostic documentation (e.g. C/OEDI, C/FED, audiogram, psychological evaluation, vision report, etc.) Specify: | | | | *Currently enrolled in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No *School Name *If applicable, Career Technical Programming | | | |
| *Grade Level | | | | *Expected Graduation/Exit Date | | | |

Section II: School Contact Information (all fields required)

| | |
|------------------------|---|
| School Staff Name | |
| School Staff E-mail | School Staff Phone No. (10-digit) |
| School Staff Position | School Staff Address (Street, City, State, Zip) |
| School Staff Signature | Date |



Section III: Selection of Pre-Employment Transition Services (Pre-ETS) and Providers (all fields required)

There are five (5) Pre-ETS. These services are intended to assist students who have a need, with identifying career interests and to provide the ability to practice and improve workplace skills.

For this document to be considered complete, **this section must identify which service(s) and which provider(s) are being requested.** Visit <https://prd.ood.ohio.gov/providersearch/home/preemprtransition> to learn about Pre-ETS providers and services in your area.

For any service checked below, a provider must be identified.

- Job Exploration Counseling** - discuss career options and learn about in-demand jobs
Provider:
- Work-Based Learning Experiences** - experience and gain knowledge about the workplace
Provider:
- Counseling on Postsecondary Opportunities** - explore training options available after graduation
Provider:
- Workplace Readiness Training** - improve social and independent living skills
Provider:
- Instruction in Self-Advocacy** - learn skills needed for greater independence
Provider:

Section IV: Consent and Signature of student and, if applicable, legal guardian (all fields required)

I understand this is not an application for services from the Bureau of Vocational Rehabilitation (BVR) or for the Bureau of Services for the Visually Impaired (BSVI). The State of Ohio is committed to good privacy practices. As such, we are disclosing that in order to fully process your request for Pre-Employment Transition Services, Opportunities for Ohioans with Disabilities (OOD) requires access to personal information about you, which is maintained by OOD. By signing this form, you are requesting that OOD access any personal information necessary to process your request for Pre-Employment Transition Services, in order to provide these services to you. Please note that OOD will continue to protect any non-public, confidential personal information maintained about you from release to the public or unauthorized third parties.

OOD does not discriminate against any applicant for services on the basis of race, color, religion, national origin/ancestry, disability, age (40 years or older), sexual orientation, gender or sex, veteran or military status, and/or genetic information or in any manner prohibited by law.

I acknowledge that in completing the request for Pre-Employment Transition Services, OOD may obtain or release confidential personal information about me as follows:

- to purchase services for me;
- in collaboration with OOD Contractors and Partners on my behalf;
- to report my progress to the school or agency who referred me to OOD;
- when required by law and to facilitate the administration of the Rehabilitation Act;
- verify my current and/or future educational status and/or credentials;
- to do research to improve the lives of people with disabilities;
- to the Social Security Administration (SSA) and/or Division of Disability Determination (DDD) when I am applying for or am a recipient of SSDI or SSI benefits; and
- to other state agencies, if applicable.

| | | |
|---|---|------|
| *Signature of Individual (If under 18, parent or legal guardian must also sign below) | | Date |
| Signature of Parent or Legal Guardian, if applicable | | Date |
| Printed Name of Parent or Legal Guardian, if applicable. | Phone No. (10-digit) <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Video Phone | |
| Parent or Legal Guardian E-mail | Address (Street, City, State, Zip) | |