

Dear Parent(s)/Guardian(s),

You are invited to participate in the Pre-Employment Transition Services (Pre-ETS) program through the State of Nevada's Bureau of Vocational Rehabilitation (BVR). The purpose of Pre-ETS is to provide targeted training for students with disabilities to prepare for transition into adulthood. The following 5 targeted areas promote better outcomes for students with disabilities as they enter the workforce.

1. **Self-Advocacy:** self-awareness, goal setting, identifying independence, disability disclosure
2. **Workplace Readiness Training:** career mentorship, internships, volunteering, workplace tours
3. **Job Exploration Counseling:** identify career interests, career pathways, in-demand industries
4. **Post-Secondary Education Opportunities:** certificate programs, trade schools, college applications
5. **Work-Based Learning Experiences:** independent living skills, job-seeking skills, social and interpersonal skills

Questions or Concerns?

You can get in touch with the Transition Coordinator if you need information or help to:

- understand vocational rehabilitation services and any concerns with the program
- get advice about services and benefits available
- get advice about your rights, responsibilities, and mediation/ review of a VR decision

You can email your questions or concerns to: pre-ets@detr.nv.gov. More information on our programs and services can also be found on our website at vrnevada.org.

**Please keep page 1*

To be completed by parent/legal guardian, or student (if 18 years of age or older)

Please complete ALL the questions below to consent for Pre-ETS participation. When possible, please type your answers to make sure they are legible.

| | |
|---|--|
| School: | Teacher: |
| Student Name: | Student Full Address: |
| Student Email: | Student Phone: |
| Student Last Four of Social Security #: | Date of Birth: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do Not Want to Self-Identify | |
| Are you (pick one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian | Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Disability: <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> Other Documented Disability | Describe your Disability: |
| Grade Level: <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th | |

| | |
|---|---|
| Expected Graduation Date: | |
| Guardian or Authorized Representative Name: | Guardian or Authorized Representative Phone: |
| Guardian or Authorized Representative Email: | Guardian or Authorized Representative Address (if different from Student): |
| Relationship to Student: | <input type="checkbox"/> Parent <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Surrogate Parent |
| <p>By signing this form, I am requesting Pre-Employment Transition Services. This form will remain in effect until I no longer meet the definition of a student with a disability, no longer need Pre-Employment Transition Services or no longer wish to participate. I realize that Pre-Employment Transition services will end when I am no longer in an education program or turn 22.</p> <p>I understand that if I wish to apply for vocational rehabilitation services, I may do so at any time. I grant permission for Vocational Rehabilitation to exchange information with my school and service providers. I give my consent for Nevada VR to exchange information with school staff, mentors, Educational Services, Post-secondary Institutions, Assistive Technology Partners, NV Developmental Disabilities, NV Department of Labor, Social Security Admin, and Employers. I understand that VR requests my Social Security Number for federal reporting purposes. All information will be kept in the strictest confidence and used solely for program purposes. Information that I have provided is to the best of my knowledge true, correct and complete.</p> | |
| Guardian or Authorized Representative Signature: | Date of Signature: |
| Student Signature: | Date of Signature: |