



STAR Portal Pre-ETS Referral Form – (District)

*Required Fields

Student Information

*Name: _____ SS#: _____

*Date of Birth: _____ *Gender: _____ *Disability Documentation: _____

*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: _____

*School Staff Making Referral

Name: _____

Email: _____ Phone: _____

Accommodations for initial STAR meeting with VR Staff:

Do you require an American Sign Language interpreter? ☐ Yes

Do you require an assistive listening device? ☐ Yes

Do you require translated documents? ☐ Yes

Do you require a foreign language interpreter? ☐ Yes

Do you require any other accommodation for your disability? ☐ Yes

If yes, please explain: _____

*Pre-Employment Transition Services Requested (Check all that apply)

☐ Job Exploration Counseling (includes skills, abilities, aptitudes, interest assessments)

☐ Work Readiness Training (A 20 hour course that focuses on employability and work readiness skills)

☐ Self-Advocacy Training (A two-part course that teaches students how to speak up for themselves and make decisions about their own lives)

☐ Postsecondary Educational Counseling (provides an awareness of 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)

Signature Page

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 _____ County Schools 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 the student is under 18 or if I am his/her Guardian.

Parent/Guardian/Age of Majority Student: _____
Signature Date

*Confirmation Statement

By Signing this Pre-ETS Referral, I confirm that the student has been identified by _____ County Schools as a student with a disability.

School Staff: _____
Printed Name Position

Signature Date

Name of SDR submitting the Pre-ETS Referral to VR Staff: _____

Phone # of SDR submitting the referral to VR Staff (if different): _____

For Official VR Use Only (to be completed by VR Staff)

VR Youth Tech's Name: _____ Area: _____ Unit: _____

Date referral received from SDR: _____

Date entered into STAR: _____