



\*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: \_\_\_\_\_