



Request for Pre-Employment Transition Services (Pre-ETS)

Please note: This is not an application for Vocational Rehabilitation (VR) Services.

LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY NUMBER

MAILING ADDRESS CITY STATE ZIP CODE

DATE OF BIRTH PHONE NUMBER CELL PHONE NUMBER COUNTY OF RESIDENCE

STUDENT EMAIL ADDRESS EXPECTED DATE TO COMPLETE OR EXIT HIGHSCHOOL CURRENT GRADE LEVEL OF EDUCATION

GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SCHOOL DISTRICT # (WRITE BELOW) _____	WHAT SCHOOL DO YOU ATTEND? (WRITE BELOW) _____	DESCRIBE YOUR DISABILITY (WRITE BELOW) _____	DO YOU NEED AUXILIARY AIDS FOR PARTICIPATION IN PRE-ETS? (IF YES, DESCRIBE BELOW) _____
CRITERIA (CHECK YES OR NO) THE STUDENT IS ELIGIBLE FOR, AND RECEIVING SERVICES UNDER IEP. <input type="checkbox"/> YES <input type="checkbox"/> NO THE STUDENT WHO IS AN INDIVIDUAL WITH A DISABILITY, FOR PURPOSES OF SECTION 504. <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE (CHECK ONE OR MORE) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	PRE-EMPLOYMENT TRANSITION SERVICES WHICH SERVICES ARE YOU INTERESTED IN? <input type="checkbox"/> JOB EXPLORATION COUNSELING <input type="checkbox"/> WORK-BASED LEARNING EXPERIENCES <input type="checkbox"/> COUNSELING ON OPPORTUNITIES FOR ENROLLMENT IN COMPREHENSIVE TRANSITION OR POSTSECONDARY EDUCATION PROGRAMS <input type="checkbox"/> WORKPLACE READINESS TRAINING TO DEVELOP SOCIAL SKILLS AND INDEPENDENT LIVING SKILLS <input type="checkbox"/> INSTRUCTION ON SELF-ADVOCACY		
ETHNICITY - HISPANIC OR LATINO (CHECK YES OR NO) <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A US CITIZEN? (CHECK YES OR NO) <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DO YOU HAVE AN ALIEN REGISTRATION CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DO YOU HAVE AN EMPLOYMENT AUTHORIZATION DOCUMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
THE STUDENT IS CURRENTLY IN CUSTODY OF DCF OR KDOC-JS (JUVENILE SERVICES), TRIBAL CUSTODY OR HAVE AN OPEN DCF INDEPENDENT LIVING CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

APPLICANT'S SIGNATURE DATE

PARENT'S, GUARDIAN'S OR LEGAL REPRESENTATIVE SIGNATURE DATE

PRINT PARENT'S, GUARDIAN'S OR LEGAL REPRESENTATIVE NAME

PARENT, GUARDIAN, REPRESENTATIVE ADDRESS CITY STATE ZIP CODE

PARENT, GUARDIAN, REPRESENTATIVE PHONE CELL PHONE EMAIL ADDRESS 4/2/2019

Next Steps – Pre-ETS Transition Specialist will schedule an initial meeting with you. It would be helpful to bring a copy of your IEP or 504 plan to this meeting. If you do not have any documents, Pre-ETS will help you figure out options to obtain the necessary information.

Definitions

504

Any person who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such an impairment or (3) is regarded as having such an impairment. Major life activities include walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks.

IEP

Individualized Education Plan (IEP)