

8/27/2019

**Work-Based Learning (WBL) Experience**

**Referral from Pre-ETS to CIL**

*Completed by Pre-ETS Transition Specialist*

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| **Pre-ETS Transition Specialist:** | **Pre-ETS Email and Phone Number:** |
| **Name of Student:** | **Student’s Address:** |
| **Student DOB:** | **Student’s High School:** |
| **Student’s Transportation for WBL:** | **Method Key Staffing is paying the student:**  **Focus Card or  Direct Deposit** |
| **Student’s Phone Number:**  **Best Method to Contact:**  **Best Time to Contact:** | **Student’s email:**  **Student Grade Level:**  **Student’s High School Exit Date:**  **Planning to attend post-secondary:** |
| **Parent/Guardian Name:**  **Is student their own guardian? Yes☐ No☐** | **Parent/Guardian’s Phone number:** |
| **Parent/Guardian’s email:** | **Service Provider Name:** |
| **Available Schedule for WBL:** | |
| **Student’s Interests:** | |
| **Student’s Strengths:** | |
| **Student’s employment barriers:** | |
| **Student’s accommodations/auxiliary aid needs if required:** | |
| **Other Information** (employment history, job prep skills, classes completed linked to career, etc)**:** | |

**Pre-ETS Manager Review: Signature: Date:**

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| **Office Use Only**  Date Confirmed Receipt of referral:  Start Date of WBL: |

***Put a checkmark in the box of each item indicating it is attached***

Authorizations: job preparation, self-advocacy, monitoring & support, and Pre-ETS WBL: ***Payments after the authorization expiration date will not be permitted. If an authorization expires and the service is still needed a new authorization is required.***

I9 verification paperwork (if applicable)  Career Interests (if applicable)

*Attention service providers contact Pre-ETS staff within* ***10 days from date of referral*** *to confirm the receipt of referral and date you will begin services.* ***If you do not accept the referral the authorizations will be cancelled.***