

Pre-Employment Transition Services Referral Sheet

(Pre-ETS)

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

Name of indi	ividual completing referral:					
Position/Title	e of individual completing refer	ral:				
Email addres	s of individual completing refer	ral:				
Phone numb	er of individual completing refe	erral:				
Student Name	e:				_	
	Last	First		MI		
DOB:	Student phone number:_		Student email ad	dress:		
Mailing Addre	ess:					
	Street or P.O. Box					
	City	 State	Zip Code	County		
Parent/Guard	ian Name:					
ŕ	Last		First		MI	
Parent/Guard	ian phone number:		Parent/Guardian emai	il address:		
Case Managei	Name:	Case	Manager phone numbe	er:	<u>.</u>	
Case Managei	r email address:					
Expected date	e to complete or exit school:					
School District #/Building Name:						
School Contact Name:						
Pre-Employment Transition Services						
Which services are you interested in?						
Job exp	oloration counseling					
Work-B	Based Learning Experiences					
Counse	ling on opportunities for enroll	ment in comp	rehensive transition or	postsecondary educ	cation programs	
Workpl	ace readiness training to develo	op social skills	and independent living	g skills		
Instruction on self-advocacy				Pre-ETS office use only		
4/2/2019			Reterral Receive Date Referral Re	ed by: eceived:		