



## Pre-Employment Transition Services (Pre-ETS) Request for Services and Information Release

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

**Note to Parent or Guardian:** Your signature on this form gives permission for Kansas Rehabilitation Services (KRS) staff to receive education records and information regarding the student named below from the current school to determine they are able to participate in KRS pre-employment transition services. There is no cost to you for the services your student may receive. We look forward to working with your child.

Student Last Name	Student First Name	Student Middle Initial	Social Security Number

Mailing Address	City	State	Zip Code

Date of Birth	Phone Number	Cellphone Number	County of Residence

Student Email Address	Expected Date to complete or Exit School	Current Grade level of Education

School District #	What school do you attend?	Best time to schedule a meeting

Describe your Disability	Do you need Auxiliary Aids to participate in Pre-ETS? Describe if Yes

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does not identify	(Optional) Are you a US Citizen? <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
--	--

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	Ethnicity – Hispanic or Latino (Check Yes or No) <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
--

Does the student have a legal guardian?

<input type="checkbox"/> Yes <input type="checkbox"/> No
--

The student named above meets the following requirements for the provision of pre-employment transition services:

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. Is between 14 years of age and 21 years of age;</li> <li>2. Is attending a secondary/ high school, alternative, GED prep, post-secondary or vocational education program; and</li> <li>3. Is receiving special education services, or is an individual with a disability for purposes of 504 eligibility</li> </ol> |
|---|

I give KRS permission to help my child plan for the future and participate in pre-employment transition services as provided by Department for Children and Families, Kansas Rehabilitation Services or its designated provider. Pre-employment Transition Services (Pre-ETS) may include one or more of the following activities:
--

**1. Job exploration counseling 2. Work-based learning experiences 3. Counseling on opportunities for enrollment in comprehensive transition or post-secondary educational programs at institutions of higher education 4. Workplace readiness training to develop social skills and independent living 5. Instruction in self-advocacy**

I give the school permission to release and allow electronic access to all records about my child to KRS, including but not limited to:

**Career exploration information; School grades and progress reports; Individual Education Program (IEP); Work experience information and records; 504 Accommodation Plan, Psychological Evaluation & Reports; School cumulative grade records, including test results; Safety Plan; Behavioral Intervention Plan; Functional Behavioral Assessment.**

I hereby attest that my responses and the information provided on this form for services are true, complete, and accurate. I give my consent for KRS to exchange information with school staff. In addition, KRS can exchange information with the following persons, programs, or agencies serving my child: \_\_\_\_\_

KRS will not re-release the education records it receives from above named school to any other person, program or agency without written release of information unless it is required by law. I may end this information release at any time by providing KRS a signed and dated statement to that effect. This information release remains valid as long as the student is a recipient of pre-employment transition services and is strictly limited to information needed for the provision of Pre-ETS.

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Adult Student <b><u>Signature required below.</u></b>	Date	Printed name
---	------	--------------

Parent, Legal Guardian Address	City	State	Zip Code

Parent, Legal Guardian phone number	Cellphone	Email Address

**To be completed by a school official:**

Institution at which student is enrolled		Phone
Grade Level	School / District	Expected Graduation/Exit Date

Type of Education Program			
<input type="checkbox"/> Secondary / High School	<input type="checkbox"/> Post-Secondary	<input type="checkbox"/> GED	<input type="checkbox"/> Alternative

As an official with knowledge of the student on page 1 of this form, and a representative of the education agency listed above, I attest to information below about the disability documentation held by the school and the program through which the student receives accommodation, services, or both.

I refer the student to the Department for Children and Families, Kansas Rehabilitation Services (KRS) for the opportunity to participate in activities defined as pre-employment transition services under the Rehabilitation Act. This referral is limited to participation in those activities defined as pre-employment transition services and is not a referral for application to the vocational rehabilitation program.

	Yes	No
This student has an accommodation plan under section 504 of the Rehabilitation Act	<input type="checkbox"/>	<input type="checkbox"/>
This student has an Individualized Education Plan (IEP)	<input type="checkbox"/>	<input type="checkbox"/>
This student is an individual with a disability who does not have an IPE or 504 plan	<input type="checkbox"/>	<input type="checkbox"/>

School Official Signature	Position Title	Printed Name	Date