



EmpowerME Workshop Referral from Pre-ETS to KYEA

Completed by Pre-ETS transition specialist

Pre-ETS Transition Specialist

Name:

Phone Number:

Email:

Student

Name:

Student Phone Number:

Student Email:

Parent/Guardian

Name:

Parent/Guardian Address:

Parent/Guardian Phone Number:

Parent/Guardian Email:

Service Provider

Name:

Student Grade Level:

Student High School Exit Date:

Student's Interest:

Students' Strengths:

Students' Employment Barriers:

Student's accommodations/auxiliary aid needs or food allergies (if applicable):

Pre-ETS Manager

Review:

Pre-ETS Manager Signature:

Signature Date:

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 authorization will be cancelled.

Authorization attached – 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.

Office Use Only

Date Confirmed Receipt of Referral:

Start Date of workshop: