

**Kentucky Office of Vocational Rehabilitation
Pre-Employment Transition Services
(Pre-ETS) Referral Form**



Pre-ETS gives students an early start at exploring career interests, preparing for employment, and for adult life. Pre-ETS covers five areas: Job Exploration Counseling, Work-Based Learning Experiences, Workplace Readiness Training, Counseling on Post-Secondary Education and Training Opportunities, and Instruction in Self-Advocacy.

*Denotes Required Fields

**Denotes Required Fields when the form is completed by a Pre-ETS provider

SECTION 1: STUDENT INFORMATION

*Last Name	*First Name	*Middle Initial
*10-Digit State Student ID (if applicable)		*Date of Birth
*Mailing Address		
*City	*State	*Zip Code
Parent/Legal Guardian Email		Student Email
*Primary Phone (including area code)		*Secondary Phone (including area code)
Primary Phone options (select all that apply)		Secondary Phone options (select all that apply)
Voice	TTY	SMS
Video	Voice	TTY
	SMS	Video
*Race (select all that apply)		
American Indian or Alaskan Native	Native Hawaiian or Other Pacific Islander	
Asian	White	
Black/African American	Prefer not to answer	
*Ethnicity (Choose one)		*Sex (Choose one)

***Student must meet the following requirements for the provision of Pre-ETS services. Submit the completed referral form as well as the student's Individual Education Plan (IEP), 504 Plan, or other documentation of disability by a licensed medical provider to Vocational Rehabilitation (VR) staff via the Pre-VR system for approval. All providers must receive approval from OVR staff prior to working with a student.**

Student is between 14 and 21 years of age.

Student is enrolled in a secondary, alternative, home school, or recognized postsecondary educational/vocational program.

Student has an Individual Educational Plan (IEP), 504 Plan or documented disability from a doctor, psychologist, or medical provider.

2. EDUCATIONAL INFORMATION

***School Currently Enrolled**

***County**

***Phone (including area code)**

***Grade Level**

***Expected School Exit Date**

***Type of Diploma/Degree (Choose one)**

***Select the type of documentation. (Choose one)**

***Does the student have sensory disabilities (e.g., hearing, vision)?**

Blind/Visually Impaired

Deaf/Hard of Hearing

Both

None

***Student's Preferred Mode of Communication (e.g., ASL, Sign Language)**

ASL

Braille

AAC Device

Sign Language

Other

Other Preferred Mode of Communication

SECTION 3. PRE-ETS PROVIDER INFORMATION

****Pre-ETS Provider Business Name**

****Business Address**

****Contact Name**

****Contact Phone Number**

****Contact Email Address**

SECTION 4. CLIENT ASSISTANCE PROGRAM (CAP)

CAP can explain services available from OVR, advise you about available benefits from state and federal agencies, help you pursue appropriate solutions to ensure protection of your rights, and help resolve any dissatisfaction you may have with OVR regarding provision or denial of services. Contact CAP at the Protection and Advocacy website <https://kypa.net/get-help/> or call 1 800 372 2988.

SECTION 5. STUDENT/PARENT/LEGAL GUARDIAN CONSENT

If a student is under 18 years of age or under a guardianship order, consent of a parent or legal court appointed guardian is required.

- I give my permission for the named student to take part in Pre-ETS provided by the Pre-ETS provider and/or OVR.
- I give my permission for the sharing of the information on this form (IEP, 504 Plan, or documentation of a disability), as well as information needed for the provision of Pre-ETS, between the education agency and OVR or its designated Pre-ETS provider as a condition of the student's participation.
- I understand that OVR will utilize some of the information provided for federal reporting purposes, and that OVR will treat this information in a confidential manner. I understand that the Health Insurance Portability and Accountability Act (HIPAA) does not apply to this information, but that other laws prohibit its re-disclosure without the written consent of the student, parent, or legal guardian.
- I understand that I may revoke the consent provided in this form at any time by providing a signed and dated written notice. The consent remains valid if the student is a recipient of Pre-ETS and is strictly limited to information needed for the provision of Pre-ETS.
- I give my permission for the student to participate in Pre-ETS activities outside the school and OVR settings. I will be notified by the Pre-ETS provider of each offsite activity prior to the activity occurring. If I do not permit the student to participate in a particular activity, I will notify the student's Pre-ETS specialist when I receive notice of the activity.
- Virtual Pre-ETS sessions, including individual and group sessions, may be conducted via videoconference or phone. Only the authorized parent or guardian may be present, and sessions must occur in a private, secure, and uninterrupted environment. In group sessions, participant names and images may be visible to staff and other authorized individuals, but no confidential information will be shared.
- I understand that Pre-ETS are not traditional OVR services. Participating in Pre-ETS does not qualify the student for OVR services. I may apply for OVR services if/when there is interest or need for VR services.

