

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.

Fields marked with * are required.

SECTION 1: STUDENT INFORMATION

*Last Name	*First Name	*Middle Initial
*Student ID	*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)		
<div style="display: flex; justify-content: space-between;"> <div>American Indian or Alaskan Native</div> <div>Native Hawaiian or Other Pacific Islander</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Asian</div> <div>White</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Black/African American</div> <div>Did not Self-Identify</div> </div>		
*Ethnicity (Choose one)	*Sex (Choose one)	

*** Does the student meet the requirements for the provision or pre-employment transition services? (Must meet all the following to be deemed eligible) Submit the completed referral form as well as the student's IEP, 504 Plan, or other documentation of disability to VR staff via the Pre-VR system for approval. The disability must be documented by a licensed medical provider. All providers must receive approval from VR 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 a licensed medical provider?

2. EDUCATIONAL INFORMATION

***School Currently Enrolled**

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***County**

***Phone (including area code)**

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***Grade Level**

***Expected Graduation Date**

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

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

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

Blind/Visually Impaired	Deaf/Hard of Hearing	Both	None
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*** Student's Preferred Mode of Communication (e.g., ASL, Sign Language)**

ASL	Braille	AAC Device	Sign Language	Other
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Other Preferred Mode of Communication

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SECTION 3. PRE-ETS PROVIDER INFORMATION

***Pre-ETS Provider Business Name**

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***Business Address**

***Contact Name**

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***Contact Phone Number**

***Contact Email Address**

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SECTION 4. CLIENT ASSISTANCE PROGRAM

CAP can help you to understand services available from the OVR, advise you on other benefits available from State and Federal agencies, help you to pursue appropriate remedies to ensure the protection of your rights, and help to resolve any dissatisfaction that you may have with the OVR regarding the provision or denial of services. To contact CAP, visit the Protection and Advocacy website at <https://kypa.net/> 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 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 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 VR services. Participating in Pre-ETS does not qualify the student for VR services. I may apply for VR services if/when there is interest or need for VR services.

SECTION 6. SIGNATURES-(STUDENT SIGNATURE REQUIRED, PARENT/LEGAL GUARDIAN IF APPLICABLE)

*Student Signature

Printed Name

Date

Parent/Legal Guardian Signature (if required)

Printed Name

Date

Signing as:

Parent

Legal Guardian

The Kentucky Office of Vocational Rehabilitation (KYOVR) does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, gender identity or expression, ancestry, age, pregnancy or related medical condition, marital or familial status, disability, veteran status, political affiliation, or genetic information in accordance with state and federal laws. Upon request, and to the best of our ability, KYOVR provides reasonable accommodation, including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs. (Documents are Printed with Federal Funds)