



# Request for Pre-Employment Transition Services (PRE-ETS)

## Student Information (Please complete all fields)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN or Student ID: (9-digit number) \_\_\_\_\_ SSN \_\_\_\_\_ Student ID \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:      Male      Female      Do not wish to disclose

Education Enrollment:      High School      Trade School      College

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Race: (Please mark all that apply)

    American Indian / Alaskan Native      Native Hawaiian / Pacific Islander

    African American / Black      Caucasian / White      Asian

Ethnicity (Please mark if applies):

    Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture)

Select one:      Student with a disability      IEP      504 Plan

Disability(ies): \_\_\_\_\_

Are you receiving Social Security benefits?      Yes      No

## Parent/Guardian Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\*I understand that this is only a request for Pre-Employment Transition Services. I understand this is not an application for IDVR services, nor has a VR case file been opened\*\*\***

**Please obtain a verification of disability from the school by having your teacher/school staff sign and date below.**

If the teacher/staff signature cannot be obtained, please provide one of the following documents to IDVR: IEP, medical records, SSA beneficiary letter, documentation relating to 504 accommodations, or school psychological assessment.

Teacher/School Staff Name      Teacher/School Staff Signature      Date

\*By signing above, I am verifying that the student is receiving special education services or 504 accommodations\*



## Release of Information

I give my consent for Idaho VR (IDVR) to exchange information with authorized school staff regarding any Pre-Employment Transition Service that I/my child participate(s) in with IDVR. I give the above school permission to release and allow electronic access to all records about myself/my child to IDVR, including but not limited to:

- School Multidisciplinary Team Report
- IEP
- Psychological Evaluations and reports
- 504 Accommodation Plan
- Work experience information and records
- School cumulative grade records, including standardized test results
- School grades and progress reports
- Career exploration information

My signature signifies permission that the previously supplied information is allowed to be shared with IDVR, as well as the following third parties for the purpose of the provision of IDVR services:

(initial)

(initial)

(initial)

This consent is subject to revocation at any time except to the extent that the disclosure has already occurred. \*34 CFR 361.38 Confidentiality Statement

Student Name

Student Signature

(If student is under 18, a parent or guardian signature is required)

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

