pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF VOCATIONAL REHABILITATION

PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS) REQUEST

PID (OVR use only): _____ BJJS/PACTT Student (OVR use only): ☐ Yes ☐ No

The Office of Vocational Rehabilitation's (OVR) Pre-ETS help students with disabilities learn about themselves, understand work requirements, practice work skills, explore training options, and choose a career that may be further explored through individualized Vocational Rehabilitation Services. To request Pre-ETS, complete and return this form to:

RA-LIOVRWASHPRE-ETS@pa.gov (Washington OVR Transition Team)

WHAT SERVICES ARE YOU INTERESTED IN LEARNING MORE ABOUT? (check all that apply):

- ☐ **Workplace Readiness Training:** I'd like to learn about soft skills and life skills needed at a job.
- ☐ **Job Exploration Counseling:** I'd like to learn about in-demand jobs and what jobs might be the best fit for me.
- ☐ **Counseling on Post-Secondary Options:** I'd like to learn about ways to explore training options after high school.
- ☐ **Self-Advocacy Instruction:** I'd like to learn about my rights, accommodations, and how to advocate for myself.
- ☐ **Work Based Learning:** I'd like to learn how to gain experience at a worksite.
- ☐ **I'm not sure what service is right for me.**

Comments:

STUDENT INFORMATION

***FIRST NAME:**	**MI:**	***LAST NAME:**	***DATE OF BIRTH:**

***RACE** (select all that apply): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian Native/Other Pacific Islander ☐ Hispanic/Latino Origin (Black) ☐ Hispanic/Latino Origin (White) ☐ White ☐ Do not wish to disclose

***ETHNICITY** (select one):	**LANGUAGE PREFERENCE:**	**ADDITIONAL COMMUNICATION NEEDS:**
☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Do not wish to disclose	☐ English ☐ Spanish ☐ Other:	☐ Foreign Language Interpreter ☐ Sign Language Interpreter ☐ Braille ☐ Large Print ☐ Other:

STUDENT PHONE:	**E-MAIL ADDRESS:**

***MAILING ADDRESS LINE 1:**

MAILING ADDRESS LINE 2:

***CITY:**	***STATE:**	***ZIP CODE:**

***COUNTY OF RESIDENCE:**	***SCHOOL DISTRICT OF RESIDENCE (HIGH SCHOOL STUDENTS ONLY):**	**SCHOOL/COLLEGE CURRENTLY ATTENDING:**

***GRADE:**	***EDUCATIONAL DISABILITY PROGRAMMING (select one):**	***ANTICIPATED GRADUATION/EXIT DATE:**
	☐ IEP ☐ 504 Plan ☐ Self-Disclosure of Disability	

PARENT/GUARDIAN NAME(S):	**PHONE:**	**EMAIL:**	**COMMUNICATION PREFERENCE:** ☐ Phone ☐ Email ☐ Other: ☐ Contact during daytime

ADDITIONAL POINT OF CONTACT (optional):	**RELATIONSHIP TO STUDENT:**	**PHONE:**	**EMAIL:**	**COMMUNICATION PREFERENCE:** ☐ Phone ☐ Email ☐ Other:

OPTIONAL INFORMATION

CAREER INTERESTS:

STRENGTHS:

ADDITIONAL NOTES:

STUDENTS ARE ENCOURAGED, BUT NOT REQUIRED, TO INCLUDE COPIES OF IEPs, EVALUATION REPORTS, MEDICAL RECORDS, PHOTO ID, OR RESUMES/WORK HISTORY WITH REQUEST.

RELEASE INFORMATION

This release will remain valid until I exit from the school named above. I acknowledge that in completing this release for Pre-ETS, OVR may obtain or release confidential personal information (Full Name, Date of Birth, Ethnicity, Race, County of Residence, Contact Information, School District of Residence, Current Grade Level, Anticipated Exit Date, Pre-ETS Progress Reports, and Educational Programming Status) about me as follows:

- to purchase services or provide services for me from the following Pre-ETS providers:

Wash Co: ARC Human Services, Bender, Blueprints, Community Options, DiCenzo, Life'sWork, Transitional Employment Consults, Transitional Paths to IL	Greene Co: Blueprints, Community Options, Greene ARC, FamilyTies, Transitional Employment Consultants, Transitional Paths to IL, Waynesburg University	Fayette Co: ARC Fayette, Best Life Solutions, BVRSP, Community Options, FamilyTies, Fayette Co Community Action, One Voice One Community, PA Connecting Communities

- to collaborate with OVR providers and partners on my behalf;
- to report my progress to the school listed above;
- when required to disclose it pursuant to law or regulations;
- to exchange information regarding my participation in Pre-ETS, to the extent it facilitates cooperation between the school, a Pre-ETS provider, and OVR regarding scheduling of services.

I release the above entity that disclosed this information from any legal responsibility or liability for disclosure of the information to the extent that the information was used for its stated purposes.

This authorization or a true and accurate copy of this authorization shall be considered valid until withdrawn in writing by my personal. If student is under the age of 18, a parent or guardian signature is required.

- If necessary to accommodate my needs, an alternative format of this authorization has been provided to me.

Student Signature _____ Date _____

Parent/Guardian Name (Print) _____ Parent/Guardian Signature _____ Date _____

- A verbal consent requires two (2) witness signatures. I witness that parent/student (or responsible person) is unable to provide a signature but understands the nature of the release and freely gives his/her consent.

Witness 1 signature _____ Date _____ Witness 2 signature _____ Date _____

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program