State of Illinois
Department of Human Services - Division of Rehabilitation Services - Transition and Community Rehabilitation Services (TCRS)

PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS) INTAKE

Program Name: Pre-Employment Career Training (PECT) Program

Personal Information

Last Name	First Name	Middle Name	
Street	City	State	Zip Code

Parent or Legal Guardian: ☐ Yes ☐ No Parent/Legal Guardian Name:

Contact Information: Home Phone | Cell Phone | E-mail Address

Gender at birth: ☐ Male ☐ Female ☐ Not reporting

Ethnicity: ☐ Black ☐ White ☐ Asian ☐ Hispanic or Latino
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander

Preferred Language:

Disabilities:

Education Information

Are you currently enrolled in school? ☐ Yes ☐ No

Name of School currently attending:

Highest Grade Level Completed:	Enrolled in High School: (Check current year level) ☐ Freshman ☐ Junior ☐ Other ☐ Sophomore ☐ Senior	
	Expected Graduation Date:	May, 2030
	Certification of Completion Date:	May 17, 2026
	High School Diploma or GED Date:	(leave blank)
	Post-Secondary Education (no degree or certificate)	Number of Credit Hours:
Education and Support Services:	☒ IEP ☐ 504 ☐ None ☐ Other If other (list):	

I am a student over the age of 18 or a parent who consents to participation in Pre-ETS.

Student Printed Name and Signature — Date:

Parent/Legal Guardian Printed Name and Signature — Date: