

Dear parent/guardian,

The Office of Vocational Rehabilitation (OVR) is a state agency that assists students with disabilities in pre-employment services while in high school and to prepare for obtaining and maintaining employment after high school graduation. Many of the services provided by OVR are free to individuals who meet criteria. OVR can provide a wide range of individualized services to eligible applicants, which may include but are not limited to the following:

- Job shadowing & paid work experience
- Vocational counseling & guidance
- Self advocacy
- Workplace readiness training
- Funding for post-secondary training
- Job placement assistance
- Assistive technology
- Restoration and support services
- Diagnostic services, including psychological testing for college accommodations
- Vocational evaluations and community based work assessments

This packet contains information about OVR. If you are interested in having me meet with your child to discuss OVR services, please complete the Authorization for Release of Records Form, the Pre-Employment Transition Service Release Form, and the Seneca Valley Permission to Meet with OVR form, and return these forms to your child's case manager or school counselor. Once received, I will meet with your child to discuss their academic goals, any post-secondary training plans, and their vocational goals/needs. An application for OVR services does not need to be completed at this time.

If you are ready to apply for OVR services, or if there are any questions about OVR services, please feel free to contact me directly, either by phone at 724-923-1388 or email at tprokosch@pa.gov.

Sincerely,

Taylor Prokosch

Taylor Prokosch
Vocational Rehabilitation Counselor
724-923-1388
tprokosch@pa.gov

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

[Reset Form](#)[Print Form](#)

PID:

CID:

SCHOOL				STUDENT			
NAME	Seneca Valley School District			NAME			
MAILING ADDRESS	128 Seneca School Rd			MAILING ADDRESS			
CITY	Harmony			CITY			
STATE	PA	ZIP CODE	16037	STATE	ZIP CODE		
				DATE OF BIRTH		EXPECTED GRADUATION YEAR	

I hereby authorize the release of any or all of the above referenced student's records and/or grades, as requested to the Office of Vocational Rehabilitation.

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

This authorization or a photographic copy of this authorization shall be valid for one year from the date of signature unless withdrawn in writing by me or my personal representative.

I certify that I have read and fully understand the foregoing statements.

CLIENT SIGNATURE**DATE****PARENT/GUARDIAN SIGNATURE****DATE**

(If applicable)

Please initial if this statement is applicable:

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

INFORMATION REQUESTED:

- ☒ Psychological Evaluation Reports
- ☒ Most Recent IEP
- ☒ Vocational Evaluations/Assessments
- ☒ Transcripts
- ☒ Initial and Most Recent Evaluation Report (ER)
- ☒ Summary of Performance (SoP)
- ☒ Records of Community Based Instruction/Evaluations
- ☒ Copy of Student's Photo ID
- ☒ Assistive Technology (AT) Evaluation
- ☒ Description of Current Accommodations/Support/AT
- ☒ Other:

PLEASE SEND INFORMATION TO:

OVR REPRESENTATIVE

Taylor Prokosch

MAILING ADDRESS

1745 Frew Mill Rd Suite #1

CITY

New Castle

STATE

PA

ZIP CODE

16101

PHONE NUMBER

724-923-1388

FAX NUMBER

EMAIL

tprokosch@pa.gov

PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS) REQUEST

PID (OVR use only): _____

BJJS/PACTT Student: ☐ 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:

SERVICES REQUESTED (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 explore training options after high school.
- ☐ **Self-Advocacy Instruction:** I'd like to learn more about my rights, accommodations, and how to advocate for myself.
- ☐ **Work Based Learning:** I'm ready to gain experience at a worksite and learn more about a career of interest.
- ☐ **I'm not sure what service is right for me.**

Comments:

STUDENT INFORMATION

*FIRST NAME:		MI:	*LAST NAME:		*DATE OF BIRTH:
*RACE (select one): ☐ 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): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Do not wish to disclose		LANGUAGE PREFERENCE: ☐ English ☐ Spanish ☐ Other:		ADDITIONAL COMMUNICATION NEEDS: ☐ 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): ☐ IEP ☐ 504 Plan ☐ Self-Disclosure of Disability			*ANTICIPATED GRADUATION/EXIT DATE:	
PARENT/GUARDIAN NAME(S):		PHONE:		EMAIL:	COMMUNICATION PREFERENCE: ☐ Phone ☐ Email ☐ Other: ☐ Contact during daytime
SCHOOL 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:

- 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

I _____ give permission for my son or
Parent or Guardian's Name

daughter _____ to meet with a representative from the
Student's name

Office of Vocational Rehabilitation at Seneca Valley School District. I understand that
all information will be kept confidential.

Signature of Parent/Guardian: _____

Date signed: _____

Signature of Student: _____

Date signed: _____

**Please return signed form to Ms. Jessica Pyle in the Senior High School
guidance office.**

What are the priority categories?

OVR has three priority categories:

Priority Category I: MSD

An individual with a Most Significant Disability (MSD) has a disability that results in serious functional limitations in four or more functional capacity areas.

Priority Category II: SD

An individual with a Significant Disability (SD) has a disability that results in serious functional limitations in one to three functional capacity areas.

Priority Category III: D

An individual with a Disability (D) is determined eligible for the OVR program but does not meet the MSD or SD requirements.



Pennsylvania

Department of Labor & Industry

Office of Vocational Rehabilitation

The Pennsylvania Office of Vocational Rehabilitation (OVR) Programs receive 78.7 percent of their funding through a grant from the U.S. Department of Education. For Federal fiscal year 2025, the total amount of grant funds awarded was \$161.6 million. The remaining 21.3 percent, including additional matching fund costs (\$43.7 million), was funded by State appropriations and other non-Federal allowable sources.



UNDERSTANDING ORDER OF SELECTION

The information in this
brochure is effective
July 1, 2025.

OFFICE OF VOCATIONAL REHABILITATION

651 Boas Street, 7th Floor
Harrisburg, PA 17121

1-800-442-6351 (Voice)
1-866-830-7327 (TTY)

Auxiliary aids and services are available upon request to
individuals with disabilities.

Equal Opportunity Employer Program

OVR-902 REV 05-25



Pennsylvania
Department of Labor & Industry
Office of Vocational Rehabilitation

What is Order of Selection?

When all customers eligible for the Vocational Rehabilitation (VR) program cannot be served due to limited resources, federal law requires the VR agency – in this case the Pennsylvania Office of Vocational Rehabilitation (OVR) – to define categories which establish the priority order in which customers will be served. This law requires OVR to give highest priority to customers with the most significant disabilities. It also requires OVR to serve customers in the other categories in priority order as funds become available. This is called an Order of Selection (OOS). The OOS categories are called priority categories. OVR opens and closes priority categories based on available resources.

How does OOS affect services?

If you are eligible for OVR services, your Vocational Rehabilitation Counselor (VRC) assigns you to one of the priority categories, based on the significance of your disability to employment. If your priority category is open, you can receive the full range of VR services. If it is closed, you will be notified that you are on a waiting list and will be provided information and referral services only. However, if you are a student receiving the five required OVR Pre-Employment Transition Services (Pre-ETS) before being determined eligible for OVR services, you can continue to receive Pre-ETS services if you are determined eligible and placed on the waiting list.

What is a “significant” disability?

A significant disability is a disability that requires multiple (two or more) VR services over an extended period of time (six months or more) after an Individualized Plan for Employment has been developed.

What is functional limitation and what makes a functional limitation “serious”?

A functional limitation is a barrier to employment due to a disability that affects one of these functional capacity areas: mobility, self-direction, self-care, interpersonal skills, communication, work tolerance, or work skills. A serious functional limitation means the individual requires accommodations or services not typically needed by other individuals to prepare for, enter, keep, or advance in employment.

If I am placed on the OOS waiting list when will I be served?

When a category opens, OVR may serve all customers in that category or may serve them in the order that they applied for VR. OVR will notify you as soon as your category opens and you can receive services. After 12 months, if your category remains closed, your counselor will contact you to discuss whether you wish to stay on the waiting list. Your name may remain on the waiting list for as long as you wish.

Am I automatically served if I receive SSI or SSDI?

No. Individuals receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) will be evaluated like all other customers.

May an OVR office serve more categories than another office?

No. The VR program is statewide. All offices will serve the same open categories.

Will I receive priority with OVR if I receive services from another program or if my financial resources are limited?

No. Priority is not based on the referral source, other services received, or one’s financial situation.

Will there be a periodic review of my functional limitations?

If you are on the waiting list and believe your disability has become more significant, you may contact your VRC to request a review of your priority category assignment. Supporting documentation may be requested.

What if I do not agree with my priority category assignment?

You may discuss your concern with your VRC or the VRC’s supervisor. If you still have concerns, you have the right to file an appeal in writing to the OVR Central Office Appeals Officer at:

**Office of Vocational Rehabilitation
651 Boas Street, 7th Floor
Harrisburg, PA 17121**

You also may request assistance from the Client Assistance Program (CAP). CAP can be reached at:

**215-557-7112 (Voice/TTY) or
www.equalemployment.org.**

Where else may I seek services if I am on the waiting list?

OVR will provide you with information about the One-Stop Centers (PA CareerLink®) in your area. Please contact the PA CareerLink® for employment assistance. If you are seeking other options, please contact your VRC for information and referral services.

For more information or to request an alternate accessible format, please contact your local OVR office or call OVR toll free:

**1-800-442-6351 (Voice)
1-866-830-7327 (TTY)**