MassAbility Transition Services (Pre-ETS) Potentially Eligible Intake & Service Plan

Participant Information:

Case ID from PE Portal:

Student Name: Gender: DOB:

Preferred Name: Preferred Pronouns:

Address: Email:

Phone #: Primary Language:

Emergency Contact: Relationship:

Emergency Phone #: Emergency Email:

Race (mark all that apply): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White

Ethnicity: ☐ Hispanic or Latina (*Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race*)

Disability Documentation Type: ☐ IEP ☐ 504 Plan ☐ Medical Documentation ☐ Other

☐ Self-attestation of disability (signed by student/guardian

Disability Diagnosis:

Functional Limitations:

Medications:

Allergies:

School Name: Grade:

School Contact Name: Relationship:

Contact Phone #: Contact Email:

Service Plan/Service Requested (check all that apply)

☐ Job Exploration Counseling ☐ Work Readiness Training ☐ Work-based Learning Experience

☐ Instruction in Self-Advocacy/Peer Mentoring ☐ Counseling for Enrollment in Post-Secondary Ed Program

☐ Career Camps ☐ Single Service ☐ Virtual ☐ In-Person

Consent for Service:

I am requesting Transition (Pre-ETS) Services based upon the criteria, I am a student with a disability. I understand I will need to meet with a Transition Services Provider and develop a service plan that will be approved by MassAbility before I start receiving services. I understand, as a recipient of services from MassAbility, I have the right to seek advocacy services from the MassAbility Ombudsman Office at MBY-ombudsperson@mass.gov.

Student Signature: _____ Date:

Parent/Guardian Signature: _____ Date: