



# Pre-Employment Transition Services Referral Sheet (Pre-ETS)

Please note: This is not an application or referral for Vocational Rehabilitation (VR) Services.

Name of individual completing referral:	
Position/Title of individual completing referral:	
Email address of individual completing referral:	
Phone number of individual completing referral:	

Student Name: \_\_\_\_\_  
Last
First
MI

DOB: \_\_\_\_\_ Student phone number: \_\_\_\_\_ Student email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 \_\_\_\_\_  
City
State
Zip Code
County

Parent/Guardian Name: \_\_\_\_\_  
Last
First
MI

Parent/Guardian phone number: \_\_\_\_\_ Parent/Guardian email address: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Case Manager phone number: \_\_\_\_\_

Case Manager email address: \_\_\_\_\_

Expected date to complete or exit school: \_\_\_\_\_

School District #/Building Name: \_\_\_\_\_

School Contact Name: \_\_\_\_\_

### Pre-Employment Transition Services

Which services are you interested in?

\_\_\_\_\_ Job exploration counseling

\_\_\_\_\_ Work-Based Learning Experiences

\_\_\_\_\_ Counseling on opportunities for enrollment in comprehensive transition or postsecondary education programs

\_\_\_\_\_ Workplace readiness training to develop social skills and independent living skills

\_\_\_\_\_ Instruction on self-advocacy

11/03/2017

<b>Pre-ETS office use only</b>
Referral Received by: _____
Date Referral Received: _____