



NC Division of Vocational Rehabilitation Pre-Employment Transition Services (Pre-ETS) Referral and Consent to Participate

Purpose: This form must be completed to be considered for Pre-Employment Transition Services (Pre-ETS) for students who are not already served by NCDVR with an approved Individualized Plan for Employment (IPE). For more information about Pre-ETS, refer to the *VR Youth and Student Services: Skills, Experience, Options* flyer or contact your nearest VR office. If you are already receiving VR services under an IPE, see your VR Counselor to request Pre-ETS.

Program Information: Pre-employment Transition Services (Pre-ETS) is a subset of vocational rehabilitation services designed to help students with disabilities identify and explore career interests that may be further explored through other vocational rehabilitation services. Students with disabilities may access one or more of the following Pre-PETS activities:

1. Job exploration counseling: includes exploring in-demand industry sectors and occupations, labor market composition, and career pathways. It may include interest or career assessments and counseling on assessment results.
2. Work-based learning experiences: includes researching employers, touring work sites, shadowing workers, connecting with a career mentor, and participating in work experiences such as job sampling or internships.
3. Counseling on postsecondary training opportunities: includes exploring postsecondary training options and the requirements for various career pathways, the college application and admissions process, information on applying for financial aid, and accessing educational supports, including disability support services.
4. Workplace readiness training: includes developing social and independent living skills for work, such as communication, soft skills, financial literacy, and job seeking skills.
5. Instruction in self-advocacy: includes instruction on one's rights, responsibilities, and how to request accommodations, services, and supports in educational and employment settings. It may include peer or disability mentoring and leadership training.

Options for Pre-ETS vary from location to location. Some Pre-ETS services can be delivered by NCDVR staff. Other Pre-ETS services may be available by NCDVR contracted providers or in partnership with your (your child's) school.

Consent: By signing this form, you are consenting for you (your child) to be recommended for and participate in Pre-ETS activities that are available in your area. Your local Vocational Rehabilitation Counselor, in partnership with your school and/or your transition team, will provide more detailed information about the specific Pre-ETS activities prior to these events, including the time, date, location, and any other participant details. Additional consent will be requested if you (your child) are (is) required to leave the school campus to participate.

You understand that Pre-ETS are services offered by the NC Division of Vocational Rehabilitation to students with disabilities between the ages of 14 and 21 as authorized by Title IV of the Workforce Innovation and Opportunity Act of 2014. Students must be enrolled in a secondary, postsecondary, or other educational program. Postsecondary students must be enrolled in programs that result in a degree or industry-recognized credential. Students shall either be receiving services under an Individualized Education Program (IEP) or be considered to be an individual with a disability under Section 504 of the Rehabilitation Act. Services are provided at no cost to the participant.

You acknowledge that pre-employment transition services may be provided without requiring that you apply for other VR services that lead to a job. Students are not required to apply for and be determined eligible for individualized vocational rehabilitation services to receive Pre-ETS. For students who do wish to apply for an individualized program of VR services with the goal of preparing for a specific employment outcome, there is a separate referral process. Contact your school or local VR office to learn how to apply.

You acknowledge that you (your child) are (is) a student with a disability between the ages of 14 and 21 and consent to providing the information on page 2 required for participation, tracking, and reporting of services.

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THIS PAGE MUST BE COMPLETED FOR ALL REFERRALS

(continued from page 1)

You give the school named here permission to verify information contained in your (your child's) student records or, if a request is made by NCDVR to the school, you give permission to allow access to and/or for the school to release all student records about you (your child) to NCDVR, including but not limited to:

- Student Name and Demographic Information
- Work experience portfolio and evaluations
- Individual Education Program (IEP)
- Student disciplinary records
- Psychological Evaluation and Reports
- School grade reports
- 504 Accommodation Plan
- Cumulative grade reports, including standardized tests

You may end this consent at any time by providing NCDVR with a signed and dated statement to that effect. This consent will otherwise end one year from the date you no longer receive NCDVR services.

Student's Name (Last, First, MI)	DOB	School	Grade

Student's Race					Student's Ethnicity				
White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Cuban	Puerto Rican	Mexican American	Other Hispanic/Latino	Not reported

Name of Parent/Legal Guardian (for minors)	Phone	Email

Address

Student's Disability	Student with a Disability Status (check all that apply)	
	Is an individual with a disability under Section 504	Has an Individualized Education Program (IEP)

TO BE SIGNED BY STUDENT AND PARENT/GUARDIAN (IF APPLICABLE)

Signature for Release of Student Information and Consent to Participate:

Student Signature	Date	
Parent Signature (for minors)	Relationship to Student	Date

(continued on next page)

THIS PAGE MUST BE COMPLETED FOR ALL REFERRALS

(continued from page 2)

Student's Name (Last, First, MI)

TO BE COMPLETED BY SCHOOL/EDUCATIONAL INSTITUTION

Verification of Student Status: By signing below, you verify that the student named above is enrolled in your school/educational institution or has been accepted for enrollment in the next term. You also verify that to the best of your knowledge, the information provided on page 2 of this form is true and accurate and that the student is either a secondary student receiving IDEA services for the disability named on page 2 or that the student may be considered an individual with a disability under Section 504 of the Rehabilitation Act of 1973, as amended.

Teacher/School Representative Name (print)	Phone	Email
Teacher/School Representative Signature		Date

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THIS PAGE MUST BE COMPLETED FOR STUDENTS WHO REQUIRE Pre-ETS FROM A PARTNER AGENCY

Student's Name (Last, First, MI)

TO BE COMPLETED BY VR REPRESENTATIVE

Name of NCDVR Partner Agency to Provide Pre-ETS	
Partner Agency Contact Name	Agency Contact Phone

Arranging for Pre-ETS by a NCDVR Partner Agency: The partner agency named above has been identified by NCDVR as an entity that can provide Pre-ETS services to you (your child). By signing the section below, you consent for NCDVR to re-release any and all of the student record information named on page 2 to this partner agency in order to arrange for Pre-ETS. NCDVR will not re-release the student records it receives from the above-named school to any other person, program, or agency without your written consent unless it is required by law. You may end this consent at any time by providing NCDVR with a signed and dated statement to that effect. This consent will otherwise end one year from the date you no longer receive NCDVR services.

TO BE SIGNED BY STUDENT AND PARENT/GUARDIAN (IF APPLICABLE)

Signature for Re-Release of Student Information to NCDVR Partner Agency:

Student Signature		Date
Parent Signature (for minors)	Relationship to Student	Date