Pre-Employment Transitions Services (Pre-ETS) Referral Form Instructions

This form is not to be used for CWTP.

Student's Full Name: First, MI, Last

District/County: OVR District and County the OVR District is located

School: **Definition of School:** Secondary or post-secondary education program the student is currently attending or has intention to attend. The student with a disability has been accepted; accepted the invitation; and the institution has informed the individual that their "spot" is being held for them.

Signature: **Legal guardian** must sign if the student is under 18 or has a court appointed guardian. **Student** must sign form. School Staff of the education program must sign form.

Date: Form must be dated.

Name First, MI, Last

Date of Birth Student Date of Birth (month, day, year)

Student ID # Secondary student ID number from infinite campus

Address/Phone Student mailing address and phone number. If information is unavailable, leave blank.

Email Enter Student email. If information is unavailable, leave blank.

SS# Enter Social Security Number if not a secondary student and student ID not available

Gender Check Gender or does not self-identify.

Ethnicity Check if the Student is of Hispanic/Latino Ethnicity or Neither.

Deaf/HH Deaf or Hard of Hearing. Check Yes or No.

Blind/VI Check if Blind or Visually Impaired.

Race   Check one or more Race(s) that apply. If Student does not Self Identify, use observer method for recording Race.

Disability   Must be a Student with a Disability. Check one.

School   Enter name of educational entity Student attends.

Grade Level   Enter Student's current Grade Level.

Expected Exit   Enter the Student's Expected graduation or completion date.

Pre-ETS Provider Check the appropriate box and put in the provider name, if applicable. Provider's signature is not required.