



MISSISSIPPI DEPARTMENT OF
REHABILITATION SERVICES
Opportunities for Independence

Offices of Vocational Rehabilitation and Vocational Rehabilitation for the Blind (OVR/OVRB) PRE-EMPLOYMENT TRANSITION SERVICES (Pre-ETS) REFERRAL FORM

Information and Consent

Vocational Rehabilitation, in coordination with schools and other community Providers, provide **Pre-Employment Transition Services (Pre-ETS)** to students with disabilities who have an open Vocational Rehabilitation (VR) case or are potentially eligible (PE) for VR services. A student with a disability is an individual who is: enrolled in an educational program; 14 years of age through not yet 22; and has a documented disability (e.g., learning, behavior, mental health, mobility, hearing, vision, physical).

The following information completed by school personnel **must be sent with documentation** of the student's disability for any **potentially eligible** student (i.e., has a disability but is not receiving VR services). **Please submit the Pre-Employment Transition Services (Pre-ETS) Referral Form** with the documentation of the student's disability(ies) identified below to VR Transition Services at email address: vrtransitionservices@mdrs.ms.gov

Section I: Student Information

First Name(Legal):		Last Name (Legal):		M.I.:	Social Security #:
Gender: Male Female Choose not to identify	Birth Date:		Email Address:		
Home Address (Street):			City:	State:	Zip:
Mailing Address: <i>Check if 'Mailing Address' is same as 'Home Address'</i>			City:	State:	Zip:
Telephone Number: () _____	Voice	Video Phone	TTY	Fax	County of Residence:
Mobile Number: () _____	Voice	Video Phone	TTY	Fax	
Do you give our Provider(s) permission to leave a message at the telephone #s provided above?					Yes No
What is your preferred method of contact? (only select one) Email Mail Telephone Other (Specify):					
Race/Ethnicity (check all that apply):				U.S. Citizen? Yes No	
American Indian/Alaska Native		Native Hawaiian/Other Pacific Islander		If "No," please list immigration status:	
Asian		White			
Black/African American					
Are you Hispanic/Latino? Yes No (Must also choose a "Race/Ethnicity")					

Section II. Disability Documentation

Is the student's disability? (check all that apply)

Deaf/Hard-of-Hearing; Need for Interpreter?	Yes	No
Blind/Vision Impairment; Need for Reader?	Yes	No
Developmental Disability		

Other Disability Related Information:

Check which documentation of disability is included: IEP ATR 504 SSA Award Letter

Other diagnostic documentation (audiogram, psychological evaluation, vision report, etc.)-Specify:

Student receives all academic instruction in the self-contained setting

Section III: School Information

Currently enrolled in high school? Yes No **Grade Level:**

Expected Graduation/Exit Date:

If applicable, Career Technical Programming? Yes No *Specify:*

School Name:

School Staff Name:

School Staff Position:

Continued , OVR/OVRB: Pre-ETS Referral Form Student: _____, _____

School Staff E-mail: _____

School Staff Phone No. (10-digit): _____

School Staff Address (Street, City, State, Zip): _____

School Staff Signature: _____

Section IV: Selection of Pre-Employment Transition Services

There are five (5) Pre-Employment Transition Services. These services are intended to assist students who have a need, with identifying career interests and to provide the ability to practice and improve workplace skills. **For this document to be considered complete, this section must identify which services are being requested.**

- Job Exploration Counseling** - discuss career options and learn about in-demand jobs
- Work-Based Learning Experiences** - experience and gain knowledge about the workplace
- Counseling on Post-Secondary Opportunities** - explore training options available after graduation
- Workplace Readiness Training** - improve social, independent living skills, and orientation and mobility skills
- Instruction in Self-Advocacy** - learn skills needed for greater independence

Interested in applying to receive additional **Transition Services**

Section V: Consent and Signature of Student and, if applicable, Legal Guardian

(Signatures below confirm permission and/or intent to participate in Pre-ETS)

I understand this is not an application for VR services from the Offices of Vocational Rehabilitation Services or Vocational Rehabilitation Services for the Blind (OVR/OVRB). The OVR/OVRB is committed to good privacy practices. As such, we are disclosing that in order to fully process your request for Pre-ETS, OVR/OVRB requires access to personal information about you, which will be maintained by OVR/OVRB. By signing this form, you are requesting that OVR/OVRB access any personal information necessary to process your request for Pre-ETS, in order to provide these services to you. Please note that OVR/OVRB will continue to protect any non-public, confidential personal information maintained about you from release to the public or unauthorized third parties.

OVR/OVRB does not discriminate against any applicant for services on the basis of race, color, religion, national origin/ancestry, disability, age (40 years or older), sexual orientation, gender or sex, veteran or military status, and/or genetic information or in any manner prohibited by law.

Signature of Student _____

*Parent / Legal Guardian Information, if Student is under 18 or court appointed

Mailing Address (Parent or Legal Guardian):

Street Address _____ City _____ State _____ Zip _____

Email Address (Parent/Legal Guardian): _____ Phone # (_____) _____

Voice Video Phone TTY Fax

Printed Name (Parent or Legal Guardian): _____

Signature (Parent/Legal Guardian - If under 18, Parent or Legal Guardian must sign) _____

I understand that by signing this document the student will be provided Pre-Employment Transition Services (Pre-ETS) through the Mississippi Department of Rehabilitation Services, Offices of Vocational Rehabilitation/Vocational Rehabilitation for the Blind (OVR/OVRB) and his/her choice of Pre-ETS provider(s).