

* denotes required fields

Section 1. Please provide information about the interested student:															
* Last Name			* First Name				Middle Initial								
* Student ID					* Date of Birth										
* Mailing Address															
* City						* State		* Zip Code							
Parent/Legal Guardian Email					Student Email										
* Primary Phone (include area code)					Secondary Phone (include area code)										
Voice		TTY		SMS		Video		Voice		TTY		SMS		Video	
* Race (select all that apply)															
American Indian or Alaskan Native			Asian			Black or African American									
Native Hawaiian or other Pacific Islander			White												
* Ethnicity					* Gender										
Hispanic or Latino		Not Hispanic or Latino			Male		Female		Not Reported						
<p>‡ Submit the completed referral form as well as the student's IEP, 504 Plan or other documentation of disability to VR Staff via Pre-VR System for approval. All providers must receive approval from VR staff prior to working with a student.</p>															
<p>* Does the student meet the following three requirements for the provision of pre-employment transition services? <u>(must meet all of the following to be deemed eligible)</u></p> <p>Student is between 14 and 21 years of age?</p> <p>Student is enrolled in a secondary, alternative, home school, or recognized postsecondary educational/vocational program?</p> <p>Student has an Individual Educational Plan (IEP), 504 Plan or documented disability from a doctor, psychologist, or medical professional?</p>															

Section 2. Educational Information			
* School Currently Enrolled			
* County		* Phone (include area code)	
* Grade Level	* Expected Graduation Date	* Type of Degree	
* Does the student have an Individualized Education Program (IEP) or an accommodation plan under section 504 of the Rehabilitation Act?			
Student has an accommodation plan under section 504 of the Rehabilitation Act			
Student has an Individualized Education Program (IEP)			
Student is an individual with a disability who does not have an IEP or 504 Plan			
* Does the student have sensory disabilities (e.g., hearing/vision)?			
Blind/Low Vision	Deaf/Hard of Hearing	Both	None
* Student's Preferred Mode of Communication (e.g., ASL/Sign Language)			
Section 3. Pre-ETS Provider Information			
* Pre-ETS Provider Business Name			
* Business Address			
* Contact Name		* Contact Phone Number	
* Contact Email Address			
Section 4. Client Assistant Program (CAP)			
<p>CAP can help you to understand services available from the OVR, advise you on other benefits available from State and Federal agencies, help you to pursue appropriate remedies to ensure the protection of your rights, and help to resolve any dissatisfaction that you may have with the OVR regarding the provision or denial of services. To contact CAP, visit the Protection and Advocacy website at http://www.kypa.net/intake-form.html or call 1-800-372-2988.</p>			

Section 5. To be completed by the student and parent or legal guardian (if applicable)

If a student is under 18 years of age or under a guardianship order, consent of a parent or legal guardian is required.

My signature below indicates:

- I give my permission for the named student to take part in Pre-ETS provided by the Pre-ETS provider and/or OVR.
- I give my permission for the sharing of the information on this form (IEP, 504 Plan, or documentation of a disability), as well as information needed for the provision of Pre-ETS, between the education agency and OVR or its designated contractor as a condition of the student's participation.
- I understand that OVR will utilize some of the information provided for federal reporting purposes, and that OVR will treat this information in a confidential manner. I understand that the Health Insurance Portability and Accountability Act (HIPAA) does not apply to this information, but that other laws prohibit its re-disclosure without the written consent of the student, parent, or legal guardian.
- I understand that I may revoke the consent provided in this form at any time by providing a signed and dated written notice. The consent remains valid if the student is a recipient of Pre-ETS and is strictly limited to information needed for the provision of Pre-ETS.
- I give my permission for the student to participate in Pre-ETS activities outside the school and OVR settings. I will be notified by service provider of each offsite activity prior to the activity occurring. If I do not permit the student to participate in a particular activity, I will notify the student's Pre-ETS specialist when I receive notice of the activity.
- OVR or the designated service provider may provide virtual Pre-ETS sessions (e.g., videoconferences or telephone conference calls). I understand that, except for the authorized parent or guardian, other individuals in the home are not permitted to participate or otherwise be visible or listen in on these sessions. I agree to be in a private, secure, and uninterrupted environment when receiving virtual services.
- OVR Contractor may provide virtual Group Pre-ETS sessions. During these virtual Group Pre-ETS sessions, no confidential information will be shared. However, I understand that the names and images of participating students and their authorized representatives will be visible to staff and may be visible to other participating students and their authorized parents/representatives.
- I understand that Pre-ETS are not traditional VR services. Participating in Pre-ETS does not qualify the student for VR services. The student may apply for VR services if/when there is interest or need for VR services.

Section 6. Signatures (*Student Signature REQUIRED. Parent/Legal Guardian if applicable)

Student Signature

Printed Name

Date

Parent

Legal Guardian Signature

Printed Name

Date