

NC Division of Vocational Rehabilitation Pre-Employment Transition Services (Pre-ETS) 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 Representative 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-ETS activities:

- 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.
- 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.
- 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.
- 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 Representative, 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 NCDVR to students with disabilities between the ages of 14 and 21 (22) 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 (or age 22 if you are completing your Individualized Education Program (IEP) and that you consent to providing the information on page 2 required for participation, tracking, and reporting of services.

(continued on next page)

For office use only: Client ID	Date participant consent received

Page 1 of 3

THIS PAGE MUST BE COMPLETED FOR ALL PRE-ETS 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
- Individual Education Program (IEP)
- Psychological Evaluation and Reports
- 504 Accommodation Plan

For office use only: Client ID___

- Work experience portfolio and evaluations
- Student disciplinary records
- School grade reports

Date participant consent received

 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			Scho	School						Grade	
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Student's Race							Student's Ethnicity										
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Studen	t's Sex				Ì		Ì										
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					disability.				has a 504 accommodation.								
Individual is a stur receiving.s									Individual is a student with a disability and does not have a 504 accommodation or IEP								
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TO BE S	IGNED BY	STUD	ENT A	ND PAF	REN	T/GUA	RDI	AN (II	F APPLI	CAB	LE)						
Signature for Release of Student Information and Consent to Participate:																	
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Parent Signature (for minors)				3	, , Rel				lationship to Student				Date .				
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(continued on next page)																	
Page 2 of 3																	

THIS PAGE MUST BE COMPLETED FOR STUDENTS WHO REQUIRE PRE-ETS FROM A PARTNER AGENCY (VENDOR)

(continued from page 2)

Type text here								
TO BE COMPLETED BY VR REPRESENTATIVE								
Name of NCDVR Partner Agency (Vendor) to Provide P	re-ETS	E ,						
Employment Source								
Partner Agency Contact Name	the state of the state of	Agenc	cy Contact Phone					
Carrie Louque		910-69	99-3621					
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.								
	<i>*</i>	~ 4						
TO BE SIGNED BY STUDENT AND PARENT/GUARDIAN	(IF APPLICABLE)							
Signature for Re-Release of Student Information to NCD	VR Partner Agency:							
Student Signature	KK, A 41	÷ (, , ,	Date:					
Parent Signature (for minors)	Relationship to Student		Date					

Student's Name (Last, First, MI)



NC Division of Vocational Rehabilitation School Information and Verification Form

Purpose: This form must be completed to be considered for Pre-Employment Transition Services (Pre-ETS). The information is used to verify whether the individual named here is a student with a disability who qualifies for Pre-ETS.

Student's Name (Last, First, MI)	DVRS Client ID						
School Currently Attending							
	·						
Date of Birth	Current Grade Level						
Student with a Disability (Only One Selection):							
Individual is not a student with a disability.		Individual is a student with a disa 504 accommodation.	bility and has a				
Individual is a student with a disability, receiving services under an IEP.		Individual is a student with a disa have a 504 accommodation or IE					
TO BE COMPLETED BY SCHOOL/EDUCATIONAL	INSTIT	JTION					
Verification of Student Status: By signing below, you	u verify	that the student named above is e	nrolled in your				
school/educational institution or has been accepted for knowledge, the information provided on this form is tru	r enrolli le and a	nent in the next term. You also ver accurate and that the student is eith	rify that to the best o ser a secondary stud	f your lent			
receiving IDEA services for a disability or that the stud 504 of the Rehabilitation Act of 1973, as amended.	ent ma	be considered an individual with a	a disability under Sec	ction			
A school representative's signature is required to com	plete th	e Verification of Student status:					
Teacher/School Contact Person Name (print)		Phone Email					
Teacher/School Contact Signature	•	Date .	** - ±	71'			