

Parent or Guardian: Your signature on this form gives consent for Vocational Rehabilitation (VR) staff to review education records and information about your student named below. VR will make a request to the school listed below as needed. This review assists VR staff to find out if your student is eligible to get pre-employment transition services from VR. VR is a joint state and federally funded program of the Department of Human Services. VR works in cooperation with Oregon schools for this work. Your student can receive services from Oregon VR staff at no cost. We look forward to working with your student.

For student, family, or guardian to complete:			
Student's legal name:	Preferred name:	School of record:	School contact name:
Date of Birth:	Grade:	Expected graduation date:	SSID (<i>Secure Student ID</i>)#:
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to identify			
Student address:			
City:		State:	Zip:

What is the best way to get a hold of the student? Please provide information.	Are you (<i>pick one or more</i>)
Best time to contact student: _____ <input type="checkbox"/> Email: _____ <input type="checkbox"/> Home phone: _____ <input type="checkbox"/> Work phone: _____ <input type="checkbox"/> Cell phone: _____ <input type="checkbox"/> Text: _____	<input type="checkbox"/> Alaskan Native or <input type="checkbox"/> American Indian Asian: <input type="checkbox"/> Chinese, <input type="checkbox"/> Filipino/a, <input type="checkbox"/> South Asian, <input type="checkbox"/> Vietnamese, <input type="checkbox"/> Other Asian Black or African American: <input type="checkbox"/> African, <input type="checkbox"/> African American, <input type="checkbox"/> Caribbean, <input type="checkbox"/> Other Black <input type="checkbox"/> Native Hawaiian or <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White Are you Hispanic or Latino/a: <input type="checkbox"/> No If <input type="checkbox"/> Yes, please choose one: <input type="checkbox"/> Central American, <input type="checkbox"/> South American, <input type="checkbox"/> Mexican
Describe your disability or work limitations:	Which Pre-Employment Transition Service would you like to discuss (<i>if known</i>)?

For VR staff only:	
Date received:	Assigned to:
For person assigned (Pre-ETS discussed):	

Pre-Employment Transition Services Request for Consultation

Parent or guardian:		
Parent or guardian name: _____		
Address (if different than student): _____		
City: _____	State: _____	Zip: _____
What is the best way to get a hold of the parent? Please provide information.		
Best time to contact parent/guardian: _____	<input type="checkbox"/> Work phone: _____	
<input type="checkbox"/> Email: _____	<input type="checkbox"/> Cell phone: _____	
<input type="checkbox"/> Home phone: _____	<input type="checkbox"/> Text: _____	

I give VR permission to help my student plan for the future. This may include help to do the following:

- Learn about their strengths, interests and abilities for work and adult living.
- Identify goals for work and adult living.
- Learn habits, attitudes and behaviors for work.
- Learn skills for adult living, including self-advocacy.
- Take part in job exploration activities.
- Take part in community work experiences.
- Explore post-secondary training options.

I give the above school permission to discuss, provide information and allow electronic access to records necessary to verify the student to VR. Verifying information may not include keeping documents. This information may include:

- Individualized Education Program (IEP)
- 504 Accommodation Plan
- Psychological evaluations
- Work experience information
- Career exploration information

I testify that my responses and information provided on this form for services are true, complete and accurate. I give my permission for Oregon VR to exchange information with authorized school staff. I also give my permission for Oregon VR to exchange information with authorized non-school personnel, such as mentors, assistive technology specialists and Transition Network Facilitators. In addition, VR may exchange information with Person (listed), program or agencies (person, program or agency) serving my student. _____

Oregon VR will not rerelease education information from the named school to any other person, program or agency without written consent unless required by law. I may end this request any time by giving VR a signed and dated statement. In any event, the request will end one year from the date the student no longer receives VR services.

Parent or guardian signature: _____	Relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Guardian <input type="checkbox"/> Professional caregiver <input type="checkbox"/> Other, please specify: _____
Date: _____	
Student signature: _____	Date: _____

Please complete this form and send it by either method below:

- Email: pre.ets@dhsosha.state.or.us
- Fax: 503-947-5025

A VR or schools staff member will contact you about your request.



You can get this document in other languages, large print, braille or a format you prefer. Contact Vocational Rehabilitation at 503-945-5880 or email pre.ets@dhsosha.state.or.us. We accept all relay calls or you can dial 711.

DHS 1723 (05/20)