



Request for Pre-Employment Transition Services

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact your Youth Services coordinator or call 503-945-5880 (877-277-0513 toll-free) or email VR.INFO@odhsoha.oregon.gov. We accept all relay calls.

This form starts the process of accessing [Pre-Employment Transition Services \(Pre-ETS\)](#) These services are listed in [section 2](#). If you meet the requirements for getting Pre-ETS, this request will be put into action.

First name: _____ Middle: _____

Last name: _____ DOB: _____

Preferred name: _____ Gender: _____

School: _____

Social Security number (SSN) (if available): _____

Single Secure Student ID (SSID) number (if known): _____

Phone: _____ Email address: _____

Race: _____ Prefer not to answer (race/ethnicity)

Are you Hispanic or Latino/Latina? Yes No

Tribal Enrollment number or affiliation and Tribe: _____

Describe your disability or disabilities:

Who is making this request?

Student Parent or guardian School Staff Pre-ETS contractor

Other: _____

Student's post-secondary goal (long-term goal for working and learning as an adult after high school):

Still working on it

Goal: _____

Is this part of a group request? Yes No

1. Qualification for Pre-Employment Transition Services

- **Age:** 14 through 21 years old and has a disability
- **Disability:** Documentation showing disability (such as Individualized Education Plan (IEP), a 504 plan, medical records or a doctor's note)
- **Educational enrollment:** Proof the student is enrolled in a secondary school (including private school, home school or other alternative education program), post-secondary education program, or another recognized educational program and has not exited or withdrawn. The signature of school staff can verify enrollment.

2. Services of interest

Vocational Rehabilitation is committed to helping you on your career path journey. Please check the services you are interested in and need. Enter any additional information you want to include in the space provided.

Explore different job and career options (Job Exploration Counseling):

Practical work experience (Work-Based Learning Experience):

Explore next steps after school, learn about college or training programs (Counseling on Opportunities for Enrollment in Comprehensive Transition or Post-Secondary Education Programs at Institutions of Higher Education):

Learn skills to prepare for work (Workplace Readiness Training):

Learn how to ask for what you need (Instruction in Self-Advocacy):

3. Documentation and signatures

If you have any questions about this request, including about Pre-ETS and Oregon Vocational Rehabilitation (VR), please email VR at Pre.ETS@odhsoha.oregon.gov or reach out to your local VR office. Find your nearest local VR office using this link: <https://rb.gy/z2d8sy>.

Student

I have received information about Pre-ETS, and I agree to be contacted to learn more about these services.

Student signature: _____

School staff acknowledgement (principal, guidance counselor or teacher)

I confirm and attest that _____ is a student and that the student is receiving services under IDEA or section 504 as an individual with a disability.

School staff signature: _____

Parent or guardian acknowledgement

I give the listed school permission to provide VR with information necessary to verify the student meets the [qualifications outlined above](#). Verifying information may or may not include keeping documents. This information may include:

- Individualized Education Program
- 504 accommodation plan
- Psychological evaluations
- Work experience information
- Career exploration information

I also give permission for Oregon VR to exchange information with staff of the school named above. I acknowledge that if other information is necessary a Release of Information will be required.

Parent or guardian signature: _____

General terms and conditions

Oregon VR services are based on the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. Pre-ETS are free to students with disabilities who have been verified and authorized by an Oregon VR staff.

Contractor acknowledgement

Once a student is verified and authorized by VR, I agree to provide services to this student as outlined in Pre-ETS Agreement.

What **district** do you work in, if applicable? _____

Contractor signature: _____

For VR staff only

Date received: _____

Assigned to: _____

Position: _____

Pre-ETS authorization

Job Exploration (_____ hrs.) Work-Based Learning Experience (_____ hrs.)

Counseling on Opportunities for Enrollment in Comprehensive Transition or Post-Secondary Education Programs at Institutions of Higher Education (_____ hrs.)

Workplace Readiness Training (_____ hrs.)

Instruction in Self-Advocacy (_____ hrs.)

VR staff signature: _____