| C:\Users\hgn51233\Downloads\DARScolor-logo_web_vertical (1).png | DIVISION OF REHABILITATIVE SERVICES  **Pre-Employment Transition Services Information**  **Release and Consent for Potentially Eligible Students** | | | | | | |
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| **Section 1. Please provide DARS with information about the interested student:** | | | | | | | |
| LAST NAME FIRST NAME MIDDLE NAME | | | | | | | |
| SOCIAL SECURITY NUMBER | | STUDENT ID NUMBER | | DATE OF BIRTH | EMAIL ADDRESS | | |
| MAILING ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE) | | | | | | | |
| RACE AND ETHNICITY (**REQUIRED** FOR ALL SECONDARY SCHOOL STUDENTS)  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Does the student identify as Hispanic or Latino?  Yes  No | | | | | | GENDER (OPTIONAL)  Female  Male  Does not identify | |
|  | | | | | | PHONE (INCLUDE AREA CODE)    Voice  TTY  SMS  Video | |
|  | | | | | | ADDITIONAL PHONE (INCLUDE AREA CODE)    Voice  TTY  SMS  Video | |
| The student named above meets the following requirements for the provision of pre-employment transition services:   1. Is between **14 and 21** years of age (they may be 22 if their birthday is after September 30 of the school year); 2. Is **enrolled** in a secondary, alternative, GED prep, or recognized postsecondary educational/vocational program; and 3. Is receiving special education services or is an **individual with a disability** for purposes of 504 eligibility.   List Disability(ies): | | | | | | | |
| **Section 2. Educational Information** | | | | | | | |
| INSTITUTION AT WHICH STUDENT IS ENROLLED | | | | | | PHONE (INCLUDE AREA CODE) | |
| STUDENT GRADE LEVEL | | | TYPE OF EDUCATION PROGRAM  Secondary  Recognized Postsecondary Educational Program  Alternative  Recognized Postsecondary Vocational Program  GED Preparation | | | | |
| EXPECTED GRADUATION / EXIT DATE | | |  | | | | |
| YES NO  This student has an accommodation plan under section 504 of the Rehabilitation Act  This student has an Individualized Education Program (IEP)  This student is an individual with a disability who does not have an IEP or 504 Plan | | | | | | | |
| **Section 3. What are pre-employment transition services?** | | | | | | | |
| Pre-employment transition services (Pre-ETS) are the beginning of a continuum of services the Department for Aging and Rehabilitative Services’ (DARS) Vocational Rehabilitation (VR) program offers to students with disabilities. Pre-ETS offer students an early start at exploring career interests and preparing for postsecondary education/training, employment and adult life. Students with disabilities are not required to apply to DARS’ VR program to receive Pre-ETS. Pre-ETS cover five areas:   * Job exploration counseling; * Work-based learning experiences; * Workplace readiness training; * Counseling on postsecondary education and training opportunities; and * Instruction in self-advocacy.   **Who pays for pre-employment transition services?**  Pre-ETS are no-cost services provided to students with disabilities through DARS. | | | | | | | |
| **What rights do students with disabilities have if they disagree with a decision DARS has made affecting the pre-employment transition services provided to them?**  If DARS makes a decision that affects the Pre-ETS provided to a student and the student is not in agreement, resolution of the disagreement may be attempted by any one or a combination of the following:   * Contact your DARS counselor or their supervisor; * Request an administrative review; * Seek assistance from the Client Assistance Program (CAP), available by phone at 1-800-552-3962; * Request mediation; and/or * Request a fair hearing.   You may request a fair hearing and/or mediation while you continue to work with DARS to resolve the disagreement. A fair hearing request must be filed within 60 days of the adverse decision. If you reach agreement prior to the date of the scheduled mediation or fair hearing, the request may be withdrawn. | | | | | | | |
| **Section 4. 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 participate in group and individual Pre-ETS described in Section 3 of this form as provided by DARS or its designated contractor;** * **I give my permission for the sharing of the information on this form, as well as information needed for the provision of Pre-ETS, between the education agency identified in Section 2 and DARS or its designated contractor as a condition of the student’s participation.** * **I understand that DARS will utilize some of the information provided for federal reporting purposes, and that DARS 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 as long as 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 named in Section 1 to participate in Pre-ETS activities outside the school and DARS settings. I will be notified of each offsite activity prior to the activity occurring. If I do not permit the student named in Section 1 to participate in a particular activity, I will notify the student’s Pre-ETS counselor when I receive notice of the activity.** * **DARS 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 located in a private, secure, and uninterrupted environment when receiving virtual services.** * **DARS 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 DARS’ 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.** | | | | | | | |
| PARENT /  GUARDIAN /  ADULT STUDENT SIGNATURE    (Signature)  (Date) | | | | | | | PRINTED NAME |
| **Section 5. Initial Pre-ETS Needs** | | | | | | | |
| Check all that apply (at least one box must be checked):  Job exploration counseling  Work-based learning  Workplace readiness training  Counseling on postsecondary education and training opportunities  Instruction in self-advocacy | | | | | | | |