



**If student has an open case with ACCES-VR, then the person cannot receive services through Pre-ETS**

## Pre-Employment Transition Services Referral Form for Students with Disabilities

\_\_\_Initial request for services \_\_\_Continuation of services

STUDENT NAME: \_\_\_\_\_  
(First) (Middle) (Last)

MAILING ADDRESS: (No., Street) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL PHONE NUMBER: \_\_\_\_\_ EXPECTED GRADUATION DATE: \_\_\_\_\_

If you will need accommodations to participate in services, please describe: \_\_\_\_\_

### Pre-Employment Transition Services Requested: (Check all that apply)

\_\_\_Job Exploration Counseling \_\_\_Work Based Learning Experience \_\_\_Workplace Readiness Training to  
Develop social skills and independent living.

\_\_\_Self-Advocacy Instruction/Self-Awareness \_\_\_Counseling on opportunities for post-secondary education/training

Complete below information for initial request:

GENDER: \_\_\_M \_\_\_F \_\_\_Unidentified Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
(if available)

RACE/ETHNICITY (check all that apply):

\_\_\_Asian \_\_\_American Indian/Alaska Native \_\_\_Native Hawaiian/Pacific Islander \_\_\_\_\_

\_\_\_Black/African American \_\_\_Hispanic/Latino \_\_\_White \_\_\_Do not wish to answer

**By signing this form, I am requesting Pre-Employment Transition Services, from the Arc of Steuben Pre-ETS Program. This is for the specific purpose of participation in Pre-Employment Transition Services. The confidentiality of personal information requested on this form and with this authorization is protected by 34 CFR 361.38.**

Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) authorization to obtain/release Information (including school records, disability information and status of ACCES-VR process)

STUDENT NAME (Please Print): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(If participant is under 18, a parent or legal guardian signature is required. Legal guardianship documents must be provided)

\_\_\_PARENT \_\_\_LEGAL GUARDIAN

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Printed) (Signature)

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## **Pre-employment Transition Services Referral Form for Students with Disabilities**

### **STUDENT WITH A DISABILITY VERIFICATION**

**Definition:** A 'student with a disability' is defined as an individual with a disability in a secondary , postsecondary, or other recognized education program who is not younger than 14 and up to their 22nd birthday; is eligible for, and receiving special education or related services under Part **B** of IDEA; or who is a student with a disability under section 504. This includes secondary students who are homeschooled, and students in non-traditional secondary education programs such as special education programs within the juvenile justice system, GED programs, and occupational training programs.

**\*If this request form is being completed by school personnel, please verify the following:**

By signing this form, I verify that the individual identified above meets the definition of a student with a disability. and is

- ☐ A student with a disability for the purposes of section 504; **or**
- ☐ A student with a disability and is receiving transition services under an Individualized Education Plan (IEP)

School Personnel Name      DATE: \_\_\_\_\_  
(Printed) (Signature)

**If this request form is being completed by non-school personnel, one of the following supporting documents must be included with the submitted request form:**

- Individualized Education Plan (IEP) or 504 Plan
- Proof of receipt of SSI/SSDI based on individual's own disability (SSI/SSDI award letter)
- Medical or psychological documentation with diagnosis signed by a licensed professional

**Please submit this completed form and supporting documentation (if applicable) to:**

Amber Parker  
Director of Vocational Services

Arc Allegany-Steuben  
One Arc Way  
Bath, NY 14810  
amber.parker@thearcas.org  
(585) 808-2856

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(For Official Use Only)

**Date Referral Received** \_\_\_\_\_

**Services will be provided through** \_\_\_\_\_ **due to location.**