

STAR Portal Pre-ETS Referral Form

*Required Fields

Student Information			
*Name:	SS#:		
*Date of Birth: *Gender: _	*Disability Dod	cumentation:	
*Home address:			
*City:	*Zip Code:	*County:	
*Phone Number:	Email:		
*Name of School:			
Parent/Guardian Information (if ap	oplicable)		
Name:			
Home Phone, if different from stude	ent:	Cell:	
Email:			
*Person Making Referral			
Name:	Relationsh	nip to student:	
Email:	Phone:		-
Accommodations for initial meetin	g with VR Staff:		
Do you require an Americar Do you require an assistive Do you required translated Do you require a foreign lar Do you require any other ac If yes, please explain:	listening device? Ye documents? Yes nguage interpreter? ccommodation for your	Yes disability? Yes	
*Pre-Employment Transition Service	ces Requested (Check a	all that apply)	
Job Exploration Counseling (incl	ludes skills, abilities, ap	titudes, interest assessme	ents)
Work Readiness Training (A 20	hour course that focuse	es on employability and w	ork readiness skills)
Self-Advocacy Training (A two-pmake decisions about their own live		s students how to speak u	p for themselves and
Postsecondary Educational Coucareer information) * Service is not	•	vareness of career pathwa	ay options with job and
Work-Based Learning Experience paid)	ces (includes hands on t	raining for employability	skills; may be paid or non-

Signature Page

Student Acknowledgement

I understand that through Vocational Rehabilitation, I will be offered limited Pre-Employment Transition Services that can help me explore, prepare for, and make informed career-based decisions. I understand that I must be an active participant in the services I choose to achieve my transition goals. Signature of Student Date *Permission to Make Referral _____ permission to submit this Pre-ETS Referral to By Signing this Pre-ETS Referral, I give _____ VR. I understand I will be contacted by VR Staff to set up an initial meeting and acknowledge that my participation is required if the student is under 18 or if I am his/her Guardian. Parent/Guardian/Age of Majority Student: _____ Signature Date *Disability Documentation In accordance with the requirements identified by the Workforce Innovation and Opportunity Act (WIOA), one of the following documents MUST be submitted with the Pre-ETS Referral. Please check off as attached: Current IEP Current 504 Plan Other documentation stating student is being served as a student with a disability For Official VR Use Only (to be completed by VR Staff) VR Youth Tech's Name: _____ Area: ____ Unit: _____ Date referral received from SDR: ______

Date entered into STAR: _____