

# Kentucky Office of Vocational Rehabilitation

## Pre-ETS Referral Form

### Section 1-Please provide information about the interested student

<b>Last Name</b>	Enter the last name of the student
<b>First Name</b>	Enter the first name of the student
<b>Middle Initial</b>	Enter the 1-letter middle initial for the student
<b>Student ID</b>	Enter the student ID
<b>Date of Birth</b>	Enter the date of birth for the student in the MM/DD/YYYY format
<b>Primary Address</b>	Enter the street address for the student. This is the address where they would like to receive their mail
<b>City</b>	Enter the city of the primary address
<b>State</b>	Enter the 2-Letter abbreviation for the state of the primary address
<b>Zip Code</b>	Enter the five-digit zip code of the primary address

**Parent/Guardian Email**

Enter the email for the parent and/or legal guardian

**Student Email**

Enter the email for the student

**Primary Phone**

Enter the primary phone of the student and if they utilize voice, TTY, SMS, or video

**Secondary Phone**

Enter the secondary phone of the student and if they utilize voice, TTY, SMS, or video

**Race**

Enter the race of the student. Select all that apply.

**Ethnicity**

Select the ethnicity of the student. Select only one choice.

**Gender**

Select the gender of the student. Select only one choice.

**Does the student meet the following three requirements for the provision of pre-employment transition services?**

Select the requirements that the student meets. The student must meet all three requirements to be eligible.

**Section 2: Educational Information**

**School Currently Enrolled**

Enter the name of the school in which the student is enrolled

**County**

Enter the county in which the school is located

<b>Phone</b>	Enter the phone number of the school, including the area code
<b>Grade Level</b>	Enter the grade level of the student
<b>Expected Graduation Date</b>	Enter the expected graduation date of the student with the MM/DD/YYYY format
<b>Type of Degree</b>	Enter the type of degree the student will achieve when they graduate
<b>Does the student have an Individualized Education Program (IEP) or an accommodation plan under section 504 of the Rehabilitation Act?</b>	Select if they have an IEP, an accommodation plan, or neither of these
<b>Does the student have sensory disabilities (e.g., hearing/vision)?</b>	Select if the student has blindness/low vision, hearing disabilities/deafness, both of these, or neither of these
<b>Student's Preferred Mode of Communication</b>	Enter how the student prefers to communicate (i.e., American Sign Language (ASL), Sign Language)

### Section 3: Pre-ETS Provider Information

<b>Pre-ETS Business Name</b>	Enter the name of the business that is providing Pre-ETS for the student
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**Business Address**

Enter the address for the business that is providing Pre-ETS for the student

**Contact Name**

Enter the name of the contact at the business, including their first and last name

**Contact Phone Number**

Enter the phone number for the contact, including the area code

**Contact Email Address**

Enter the email address for the contact

## Section 4: Client Assistance Program (CAP)

Go over the information about CAP with the student so they are aware of their appeal rights.

## Section 5: To be completed by the student, parent, and legal guardian

Go over the list in this section and have the student, parent, and, legal guardian (if applicable) sign the form.