**Community Work Transition Program**

**Pre-Employment Transition Services Referral Form**

To: OVR Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_

From/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that by completing and signing this document my student’s school will provide the Office of Vocational Rehabilitation (OVR) a copy of this form. I understand that currently I am not applying for OVR services but only granting permission to participate in Pre-Employment Transition Services (Pre-ETS) through the Community Work Transition Program (CWTP) being offered through my student’s school. I understand that I may apply for OVR services at any time should I (my student) need their services in the future. (Parent/legal guardian must also sign if student is under 18 years old or has legal guardianship paperwork).

Student Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ SSN (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_ Phone: \_\_\_\_­­\_\_\_\_\_\_\_\_\_

Sex: ☐Female ☐Male

Ethnicity: ☐Hispanic ☐Latino ☐Neither

Race: ☐White ☐Black or African American ☐Native Hawaiian or Other Pacific

☐American Indian or Alaskan Native ☐Asian

Current High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade: \_\_\_\_\_\_\_\_ Expected Date to Exit School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Choose One:** Providing a copy of IEP, 504 plan, or disability documents

**Must Attach: copy of IEP, or 504 plan, or documentation of disability**