

DIVISION OF VOCATIONAL REHABILITATION (DVR)  
**Pre-Employment Transition Services**  
**Information and Consent**

<b>Section 1. Please provide DVR with information about the interested student below:</b>		
LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER (OPTIONAL)	STUDENT ID NUMBER	DATE OF BIRTH
MAILING ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)		
RACE AND ETHNICITY ( <b>REQUIRED</b> FOR ALL SECONDARY SCHOOL STUDENTS) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White  Does the student identify as Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		GENDER (OPTIONAL) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Does not identify  PHONE (INCLUDE AREA CODE)  <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> SMS <input type="checkbox"/> Video  ADDITIONAL PHONE (INCLUDE AREA CODE)  <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> SMS <input type="checkbox"/> Video
The student named above meets the following requirements for the provision of pre-employment transition services: 1. Is between 14 years of age and 21 years of age; 2. Is attending a secondary, alternative, GED prep, post-secondary or vocational education program; and 3. Is receiving special education services, or is an individual with a disability for purposes of 504 eligibility.		
<b>Section 2. To be completed by a school official:</b>		
INSTITUTION AT WHICH STUDENT IS ENROLLED		PHONE (INCLUDE AREA CODE)
STUDENT GRADE LEVEL	TYPE OF EDUCATION PROGRAM <input type="checkbox"/> Secondary <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Alternative <input type="checkbox"/> Vocational Education <input type="checkbox"/> GED Preparation	
EXPECTED GRADUATION / EXIT DATE		
<p><b>As an official with knowledge of the student identified in Section 1 of this form, and a representative of the education agency listed above, I attest to information below about the disability documentation held by the school and the program through which the student receives accommodations, services, or both.</b></p> <p><b>I refer the student to the Department of Social and Health Services, Division of Vocational Rehabilitation (DVR) for the opportunity to participate in activities defined as pre-employment transition services under the Rehabilitation Act. This referral is limited to participation in those activities defined as pre-employment transition services, and is not a referral for application to the vocational rehabilitation program.</b></p>		
		YES      NO
This student has an accommodation plan under section 504 of the Rehabilitation Act .....		<input type="checkbox"/> <input type="checkbox"/>
This student has an Individualized Education Program (IEP) .....		<input type="checkbox"/> <input type="checkbox"/>
This student is an individual with a disability who does not have an IEP or 504 Plan .....		<input type="checkbox"/> <input type="checkbox"/>
SCHOOL OFFICIAL SIGNATURE	DATE	PRINTED NAME

**Please ensure that both sides of this form are completed.**

**Section 3. To be completed by the student and parent or legal guardian (if applicable):**

**Q. What are pre-employment transition services?**

A. Pre-employment transition services are a set of opportunities available to students with disabilities to receive meaningful training and other services necessary to become successfully employed. They are organized into five distinct types of activity:

- Job exploration counseling;
- Work-based learning experiences;
- Workplace readiness training;
- Instruction in self-advocacy; and
- Counseling on opportunities for enrollment in comprehensive transition/postsecondary educational programs.

**Q. Who pays for pre-employment transition services?**

A. These services are provided through the Department of Social and Health Services, Division of Vocational Rehabilitation (DVR), and they are paid for with state and federal funds.

**Q. What rights do I have if I disagree with a decision DVR has made affecting the pre-employment transition services provided to me?**

A. As described in Washington Administrative Code, if DVR makes a decision that affects the VR services provided to you that you don't agree with, you may try to resolve the disagreement by any one of the following or a combination of the following:

- Talk to a VR counselor or the VR supervisor;
- Talk to the DVR director or his or her designee;
- Seek assistance from the client assistance program (CAP), available by phone at 1-800-544-2121;
- Request mediation; and/or
- Request a fair hearing.

You may request a fair hearing and/or mediation while you continue to work with a DVR counselor, VR supervisor or DVR director or designee to resolve the disagreement. A fair hearing request must be filed within 45 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.

**If a student is under 18 years of age, consent of a parent or legal guardian is required.**

**My signature below indicates that I give my permission for the student named in Section 1 of this form to participate in pre-employment transition services as provided by the Department of Social and Health Services, Division of Vocational Rehabilitation (DVR) or its designated contractor.**

**I permit the transmission of the information on this form, as well as information needed for the provision of pre-employment transition services, between the education agency identified in Section 2 and DVR as a condition of the student's participation.**

**I understand that DVR will utilize some of the information provided for federal reporting purposes, and that DVR 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 may 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-employment transition services, and is strictly limited to information needed for the provision of pre-employment transition services.**

<input type="checkbox"/> PARENT / <input type="checkbox"/> GUARDIAN / <input type="checkbox"/> ADULT STUDENT SIGNATURE	DATE	PRINTED NAME
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