



NC Division of Vocational Rehabilitation Pre-Employment Transition Services (Pre-ETS) Referral and Consent to Participate

Purpose: This form must be completed to be considered for Pre-Employment Transition Services (Pre-ETS) for students who are not already served by NCDVR with an approved Individualized Plan for Employment (IPE). For more information about Pre-ETS, refer to the *VR Youth and Student Services: Skills, Experience, Options* flyer or contact your nearest VR office. If you are already receiving VR services under an IPE, see your VR Counselor to request Pre-ETS.

Program Information: Pre-employment Transition Services (Pre-ETS) is a subset of vocational rehabilitation services designed to help students with disabilities identify and explore career interests that may be further explored through other vocational rehabilitation services. Students with disabilities may access one or more of the following Pre-PETS activities:

1. Job exploration counseling: includes exploring in-demand industry sectors and occupations, labor market composition, and career pathways. It may include interest or career assessments and counseling on assessment results.
2. Work-based learning experiences: includes researching employers, touring work sites, shadowing workers, connecting with a career mentor, and participating in work experiences such as job sampling or internships.
3. Counseling on postsecondary training opportunities: includes exploring postsecondary training options and the requirements for various career pathways, the college application and admissions process, information on applying for financial aid, and accessing educational supports, including disability support services.
4. Workplace readiness training: includes developing social and independent living skills for work, such as communication, soft skills, financial literacy, and job seeking skills.
5. Instruction in self-advocacy: includes instruction on one's rights, responsibilities, and how to request accommodations, services, and supports in educational and employment settings. It may include peer or disability mentoring and leadership training.

Options for Pre-ETS vary from location to location. Some Pre-ETS services can be delivered by NCDVR staff. Other Pre-ETS services may be available by NCDVR contracted providers or in partnership with your (your child's) school.

Consent: By signing this form, you are consenting for you (your child) to be recommended for and participate in Pre-ETS activities that are available in your area. Your local Vocational Rehabilitation Counselor, in partnership with your school and/or your transition team, will provide more detailed information about the specific Pre-ETS activities prior to these events, including the time, date, location, and any other participant details. Additional consent will be requested if you (your child) are (is) required to leave the school campus to participate.

You understand that Pre-ETS are services offered by the NC Division of Vocational Rehabilitation to students with disabilities between the ages of 14 and 21 as authorized by Title IV of the Workforce Innovation and Opportunity Act of 2014. Students must be enrolled in a secondary, postsecondary, or other educational program. Postsecondary students must be enrolled in programs that result in a degree or industry-recognized credential. Students shall either be receiving services under an Individualized Education Program (IEP) or be considered to be an individual with a disability under Section 504 of the Rehabilitation Act. Services are provided at no cost to the participant.

You acknowledge that pre-employment transition services may be provided without requiring that you apply for other VR services that lead to a job. Students are not required to apply for and be determined eligible for individualized vocational rehabilitation services to receive Pre-ETS. For students who do wish to apply for an individualized program of VR services with the goal of preparing for a specific employment outcome, there is a separate referral process. Contact your school or local VR office to learn how to apply.

You acknowledge that you (your child) are (is) a student with a disability between the ages of 14 and 21 and consent to providing the information on page 2 required for participation, tracking, and reporting of services.

(continued on next page)

THIS PAGE MUST BE COMPLETED FOR ALL REFERRALS

(continued from page 1)

You give the school named here permission to verify information contained in your (your child's) student records or, if a request is made by NCDVR to the school, you give permission to allow access to and/or for the school to release all student records about you (your child) to NCDVR, including but not limited to:

- Student Name and Demographic Information
- Individual Education Program (IEP)
- Psychological Evaluation and Reports
- 504 Accommodation Plan
- Work experience portfolio and evaluations
- Student disciplinary records
- School grade reports
- Cumulative grade reports, including standardized tests

You may end this consent at any time by providing NCDVR with a signed and dated statement to that effect. This consent will otherwise end one year from the date you no longer receive NCDVR services.

Student's Name (Last, First, MI)				DOB	School	Grade			

Student's Race					Student's Ethnicity				
White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Cuban	Puerto Rican	Mexican American	Other Hispanic/Latino	Not reported
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Parent/Legal Guardian (for minors)	Phone	Email

Address

Student's Disability	Student with a Disability Status (check all that apply)	
	Is an individual with a disability under Section 504 <input type="checkbox"/>	Has an Individualized Education Program (IEP) <input type="checkbox"/>

TO BE SIGNED BY STUDENT AND PARENT/GUARDIAN (IF APPLICABLE)

Signature for Release of Student Information and Consent to Participate:

Student Signature	Date
Parent Signature (for minors)	Relationship to Student

(continued on next page)

THIS PAGE MUST BE COMPLETED FOR ALL REFERRALS

(continued from page 2)

Student's Name (Last, First, MI)

TO BE COMPLETED BY SCHOOL/EDUCATIONAL INSTITUTION

Verification of Student Status: By signing below, you verify that the student named above is enrolled in your school/educational institution or has been accepted for enrollment in the next term. You also verify that to the best of your knowledge, the information provided on page 2 of this form is true and accurate and that the student is either a secondary student receiving IDEA services for the disability named on page 2 or that the student may be considered an individual with a disability under Section 504 of the Rehabilitation Act of 1973, as amended.

Teacher/School Representative Name (print)	Phone	Email
Teacher/School Representative Signature	Date	

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THIS PAGE MUST BE COMPLETED FOR STUDENTS WHO REQUIRE Pre-ETS FROM A PARTNER AGENCY

Student's Name (Last, First, MI)

TO BE COMPLETED BY VR REPRESENTATIVE

Name of NCDVR Partner Agency to Provide Pre-ETS	
Tri County Industries	
Partner Agency Contact Name	Agency Contact Phone
Jacob Johnson	252-977-2283

Arranging for Pre-ETS by a NCDVR Partner Agency: The partner agency named above has been identified by NCDVR as an entity that can provide Pre-ETS services to you (your child). By signing the section below, you consent for NCDVR to re-release any and all of the student record information named on page 2 to this partner agency in order to arrange for Pre-ETS. NCDVR will not re-release the student records it receives from the above-named school to any other person, program, or agency without your written consent unless it is required by law. You may end this consent at any time by providing NCDVR with a signed and dated statement to that effect. This consent will otherwise end one year from the date you no longer receive NCDVR services.

TO BE SIGNED BY STUDENT AND PARENT/GUARDIAN (IF APPLICABLE)

Signature for Re-Release of Student Information to NCDVR Partner Agency:

Student Signature		Date
Parent Signature (for minors)	Relationship to Student	Date



Tri County Industries Media Release Form

Tri County Industries (TCI) is seeking permission to use media content (including pictures, videos, etc.) of your student, _____ (student name) to be used on TCI's website and community awareness events to highlight the amazing work your student is doing in our Pre-Employment Transition Services (Pre-ETS) program!

Please sign below if you consent to TCI using media resources to showcase the hard work your student is doing.

Parent/Guardian Name:

Student's Name:

Parent/Guardian Signature:

Date: _____

**TRI-COUNTY INDUSTRIES
PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS)**

OFF-CAMPUS RELEASE

I give permission for _____ (Student's Name) to participate in off-campus pre-vocational transition services with Tri-County Industries' Pre-ETS staff. I understand these may include business tours, post-secondary tours, job exploration, job shadowing sites, job sampling sites and paid work experience sites. I understand that my child will not be entitled to a job at the training site upon conclusion of the training period. For paid work experiences, all US Department of Labor Wage and Hour rules regarding child labor will be followed. While participating in paid work experiences, the student is also covered by Tri-County Industries' Workers Compensation Insurance. I give permission for my child to be transported to service sites by Pre-ETS personnel in their vehicles and/or in Tri-County Industries' company vehicle.

MEDICAL RELEASE

This release is to authorize Tri-County Industries staff to seek emergency medical treatment for _____ (Student's Name) should the need arise. I also agree for the following information to be provided to emergency medical personnel as needed:

Student's Name: _____ Date of Birth: _____

Student's Doctor: _____ Phone: _____

Drug Allergies:

Medical Conditions:

Medication(s) And Dosage(s):

Student's in School Emergency Contact Phone Number

Emergency Contact (If Parent Unavailable) Relationship Phone number

Parent / Guardian Signature Phone Number Date

Both the Off-Campus Release and the Medical Release are valid for the duration of Pre-ETS services or until updated.