



BUREAU OF SERVICES FOR BLIND PERSONS

**POTENTIALLY VR ELIGIBLE/
PRE-EMPLOYMENT TRANSITION SERVICES (Pre-ETS)
REFERRAL FORM**

Section I - To be completed by referring educational agency

Educational Agency Name	Telephone
-------------------------	-----------

The student named below meets the following requirements for the provision of Pre-ETS:

1. Is between 14 and 26 years of age.
2. Is attending a secondary, alternative, GED prep, post-secondary or vocational education program.
3. Is receiving special education services, **or** is an individual with a disability for purposes of 504 eligibility.

Last name	First name	MI
-----------	------------	----

Telephone <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Video Phone	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate
--	---	-----------

Mailing Address

City	State	ZIP
------	-------	-----

Race/Ethnicity (check all that apply)

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Hmong
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			

The student would like to learn more about the following Pre-ETS:

- Job exploration counseling
- Work-based learning experiences
- Workplace readiness training to develop social skills and independent living
- Instruction in self-advocacy, including instruction in person-centered planning and peer mentoring
- Counseling on opportunities for enrollment in comprehensive transition/postsecondary educational programs.

Verification of a disability (documentation **may** be needed and requested for the provision of services):

- Is a student receiving special education under an IEP
- Is a student with a 504 Plan
- Is a student with a disability **without** a 504 Plan or IEP

Primary Disability:
Secondary Disabilities:

Enrolled at:

Education program:

Secondary Alternative GED Prep Post-Secondary Vocational Ed.

Grade Level	Expected Graduation/Exit Date
-------------	-------------------------------

As a representative of the referring educational agency identified above, I certify the following:

1. All the information and statements provided in Section I are true and correct to the best of my knowledge.
2. The existence and availability of documentation supporting items checked in the verification of disability section.

Name (Print)	Signature	Date
--------------	-----------	------

Section II - To be completed by the student and parent or legal guardian (if applicable)

The signatures below confirm the following:

1. Permission and/or intent to participate in Pre-ETS as noted in Section I of this form.
2. The reciprocal release of information between the educational agency identified in Section I on this form and Bureau of Services for Blind Persons (BSBP).

Specific information to be released: All documents, materials, or other information required for the participation in, provision of, or resulting from Pre-ETS.

I give my permission for the information listed above regarding the student identified in Section I of this form to be released as indicated. I understand what information will be released, the purpose for the release of the information, and that there are statutes and regulations protecting the confidentiality of the information. I understand the Administrative Simplification provisions in Subtitle F of Title II under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and in 45 CFR Parts 160 and 162 do not apply to State Vocational Rehabilitation Agencies. I also understand that other laws may prohibit re-disclosure without consent of the student, parent(s), or legal guardian. I understand that I may revoke the consent provided in this form at any time, by providing BSBP with a signed and dated written notice. The consent shall remain valid for so long as the student is a recipient of BSBP Pre-ETS.

Student Name (Print)	Student Signature	Date
Parent or Legal Guardian Name (Print)	Parent or Legal Guardian Signature	Date

The Michigan Department of Licensing and Regulatory Affairs (DLARA) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.