



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
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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
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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
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Mailing Address	Social Security No.
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City	State	ZIP
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Race/Ethnicity (check all that apply)

White     Black     Hispanic/Latino     Arab     Asian     Hmong  
 American Indian/Alaskan Native     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
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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
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**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

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