



East Region High School Referral for Pre-Employment Transition Services

Please send completed referral to Abigail Githens Abigail.Githens@ks.gov or fax 785-291-3329

To be completed by high school

From: School _____
Address/County _____
School District#/Building Name _____
Phone _____
Name/Position Title _____
Email Address _____

Student: Name _____
Address _____
City/State/Zip Code _____
Email _____
County _____
Phone _____
Birth Date _____
Expected Date to complete
or exit high school _____

Referral Accompanied by: Signed release of information and IEP or 504 Plan

Does the student have a legal guardian? Yes No

To be completed by Student, Parent/Legal Guardian (if applicable)

Best time to schedule a meeting: _____

Pre-Employment Transition Services:

Which services are you interested in?

- | | |
|---------------------------------------|--|
| _____ Job exploration counseling | _____ Counseling on opportunities for enrollment in comprehensive transition or postsecondary education programs |
| _____ Work-Based Learning Experiences | _____ Workplace readiness training to develop social skills and independent living skills |
| _____ Instruction on self-advocacy | |

Consent for referral/release of information on back of page, please review and sign

Not an application for Vocational Rehabilitation (VR) Services

3/17/2021

CONSENT FOR REFERRAL/RELEASE OF INFORMATION

Below is the signature authorization for _____ to be referred for Pre-Employment Transition Services (Pre-ETS), Program of Kansas Rehabilitation Services (RS) with the Department for Children and Families (DCF). I consent to the release of the information about me to be sent to RS for purposes of Pre-ETS and the school to discuss planning and service delivery.

Signature of Student _____ Date _____

If the student is younger than 18 years of age the signature of the parent is required.

Signature of Parent/Legal Guardian _____ Date _____

Print Name of Parent/Legal Guardian _____

If signed by parent/legal guardian (if applicable), please provide address and phone number if different than the student's.

Address: _____

Phone: _____

Email: _____

Auxiliary Aids needed: _____

(Examples: Braille, Large Print, Sign Language Interpreter)

Does the student have a legal guardian? _____

If the legal guardian is different than the parent, please provide address and phone number

Address: _____

Phone: _____

Email: _____