MDRS-VR-64
7/18; R9/23; R10/23;
R10/24; R2/27/25

MDRS | MISSISSIPPI DEPARTMENT OF REHABILITATION SERVICES
Opportunities for Independence

Offices of Vocational Rehabilitation and Vocational Rehabilitation for the Blind (OVR/OVRB)
PRE-EMPLOYMENT TRANSITION SERVICES (Pre-ETS) REFERRAL FORM

Information and Consent

Vocational Rehabilitation, in coordination with schools and other community Providers, provide **Pre-Employment Transition Services (Pre-ETS)** to students with disabilities who have an open Vocational Rehabilitation (VR) case or are potentially eligible (PE) for VR services. A student with a disability is an individual who is: enrolled in an educational program; 14 years of age through not yet 22; and has a documented disability (e.g., learning, behavior, mental health, mobility, hearing, vision, physical).

The following information completed by school personnel **must be sent with documentation** of the student's disability for any **potentially eligible** student (i.e., has a disability but is not receiving VR services). **Please submit the Pre-Employment Transition Services (Pre-ETS) Referral Form** with the documentation of the student's disability(ies) identified below to VR Transition Services at email address: vrtransitionservices@mdrs.ms.gov

Section I: Student Information

First Name(Legal): | **Last Name (Legal):** | **M.I.:** | **Social Security #:**

Gender: ☐ Male ☐ Female ☐ Choose not to identify | **Birth Date:** | **Email Address:**

Home Address (Street): | **City:** | **State:** | **Zip:**

Mailing Address: ☐ *Check if 'Mailing Address' is same as 'Home Address'* | **City:** | **State:** | **Zip:**

Telephone Number: (____)_____ ☐ Voice ☐ Video Phone ☐ TTY ☐ Fax
Mobile Number: (____)_____ ☐ Voice ☐ Video Phone ☐ TTY ☐ Fax
County of Residence:

Do you give our Provider(s) permission to leave a message at the telephone #s provided above? ☐ Yes ☐ No

What is your preferred method of contact? *(only select one)* ☐ Email ☐ Mail ☐ Telephone ☐ Other *(Specify):* _____

Race/Ethnicity *(check all that apply):*
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White

Are you Hispanic/Latino? ☐ Yes ☐ No *(Must also choose a "Race/Ethnicity")*

U.S. Citizen? ☐ Yes ☐ No

If "No," please list immigration status: _____

Section II. Disability Documentation

Is the student's disability? *(check all that apply)*
- ☐ Deaf/Hard-of-Hearing; Need for Interpreter? ☐ Yes ☐ No
- ☐ Blind/Vision Impairment; Need for Reader? ☐ Yes ☐ No
- ☐ Developmental Disability

Other Disability Related Information: _____

Check which documentation of disability is included: ☐ IEP ☐ ATR ☐ 504 ☐ SSA Award Letter

☐ Other diagnostic documentation (audiogram, psychological evaluation, vision report, etc.)-*Specify*:
☐ Student receives all academic instruction in the self-contained setting

Section III: School Information

Currently enrolled in high school? ☐ **Yes** ☐ **No** **Grade Level:** _____

Expected Graduation/Exit Date: _____

If applicable, Career Technical Programming? ☐ Yes ☐ No *Specify:* _____

School Name: _____

School Staff Name: _____

School Staff Position: _____

School Staff E-mail: **School Staff Phone No. *(10-digit)*:**

School Staff Address *(Street, City, State, Zip)*:

School Staff Signature:

Section IV: Selection of Pre-Employment Transition Services

There are five (5) Pre-Employment Transition Services. These services are intended to assist students who have a need, with identifying career interests and to provide the ability to practice and improve workplace skills. **For this document to be considered complete, this section must identify which services are being requested.**

- ☐ **Job Exploration Counseling** - discuss career options and learn about in-demand jobs
- ☐ **Work-Based Learning Experiences** - experience and gain knowledge about the workplace
- ☐ **Counseling on Post-Secondary Opportunities** - explore training options available after graduation
- ☐ **Workplace Readiness Training** - improve social, independent living skills, and orientation and mobility skills
- ☐ **Instruction in Self-Advocacy** - learn skills needed for greater independence
- ☐ Interested in applying to receive additional **Transition Services**

Section V: Consent and Signature of Student and, if applicable, Legal Guardian (Signatures below confirm permission and/or intent to participate in Pre-ETS)

I understand this is not an application for VR services from the Offices of Vocational Rehabilitation Services or Vocational Rehabilitation Services for the Blind (OVR/OVRB). The OVR/OVRB is committed to good privacy practices. As such, we are disclosing that in order to fully process your request for Pre-ETS, OVR/OVRB requires access to personal information about you, which will be maintained by OVR/OVRB. By signing this form, you are requesting that OVR/OVRB access any personal information necessary to process your request for Pre-ETS, in order to provide these services to you. Please note that OVR/OVRB will continue to protect any non-public, confidential personal information maintained about you from release to the public or unauthorized third parties.

OVR/OVRB does not discriminate against any applicant for services on the basis of race, color, religion, national origin/ancestry, disability, age (40 years or older), sexual orientation, gender or sex, veteran or military status, and/or genetic information or in any manner prohibited by law.

_____
Signature of Student

Parent / Legal Guardian Information, *if Student is under 18 or court appointed

Mailing Address (Parent or Legal Guardian)*:*

_____
Street Address ***City*** ***State*** ***Zip***

Email Address (Parent/Legal Guardian): _____ **Phone #**(_____)_____
☐Voice ☐ Video Phone ☐TTY ☐Fax

Printed Name (Parent or Legal Guardian): _____

_____
Signature (Parent/Legal Guardian - *If under 18, Parent or Legal Guardian must sign)*

I understand that by signing this document the student will be provided Pre-Employment Transition Services (Pre-ETS) through the Mississippi Department of Rehabilitation Services, Offices of Vocational Rehabilitation/Vocational Rehabilitation for the Blind (OVR/OVRB) and his/her choice of Pre-ETS provider(s).