



State of Utah  
Department of Workforce Services  
Office of Rehabilitation

**PRE-EMPLOYMENT TRANSITION SERVICES PARTICIPATION FORM**

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female  Does not wish to self-identify  Not available

Race (Check all that apply):

- American Indian/Alaskan Native  Asian  Black/African American
- Native Hawaiian/Other Pacific Islander  White

Ethnicity (Check one):

- Individual is Hispanic or Latino  Individual is not Hispanic or Latino

**To be completed by an educator, 504 coordinator, or other licensed professional**

I, \_\_\_\_\_ verify that this student is a student at \_\_\_\_\_ and meets one of the following criteria:

- Individual is a student with a disability and has a section 504 plan.
- Individual is a student with a disability and has an IEP.
- Individual is a student with a disability who does not have a section 504 accommodation and is not receiving services on an IEP.

Teacher name/Current Grade: \_\_\_\_\_

/s/ \_\_\_\_\_

Signature and Title of School Personnel \_\_\_\_\_ Date \_\_\_\_\_

Estimated Date of Service(s): \_\_\_\_\_

NOTES (description Pre-ETS):

**PROGRAM PARTICIPATION:** I agree to participate in Pre-Employment Transition Services (Pre-ETS). These services may include activities at several locations: my school, a Utah State Office of Rehabilitation (USOR) office, employers participating in work-based learning experiences, and other off-site locations as agreed upon and arranged in advance with my Pre-ETS instructor or Pre-ETS Contracted Provider.

**DECISION REVIEW:** I understand that I may request a review of a decision regarding my Pre-ETS program, as provided by Administrative Rule R993-100 (USOR will provide a copy of the Rule upon request). I understand that I have 30 days from the date of the decision to submit a written request for review.

**EQUAL OPPORTUNITY:** I understand that services in this program are provided without regard to sex, race, age, religion, color, or national origin according to Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act. USOR also assures that no group of individuals will be excluded or found ineligible solely on the basis of type of disability.

### Release of Information Exchange

To facilitate vocational rehabilitation pre-employment transition services, USOR and/or a USOR Pre-ETS contract provider may need to share information with other agencies and employers. Care will be taken by all agencies involved to release only that information which is required for effective and efficient implementation of services. Confidential information to be included in this interagency information exchange agreement may include: Educational, psychological, medical, social, and vocational information relevant to your needs to participate in services. This release will not be used for detailed medical or psychological information.

### Agencies Share Access to Confidential Information

#### Utah State Office of Rehabilitation

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Utah State Board of Education School District

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that my records are protected under State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in State and Federal regulations. I authorize the release and/or disclosure of information between the agencies listed above, with the restriction that the information cannot be passed on to any other person or entity/agency. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open vocational rehabilitation program(s). I understand I may revoke this consent at any time by sending written notification to the above listed agencies.

Student Signature:  /s/ \_\_\_\_\_

Parent/Guardian Signature:  /s/ \_\_\_\_\_

Staff Signature:  /s/ \_\_\_\_\_ Date: \_\_\_\_\_

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#### Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.