



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:			
<ol style="list-style-type: none"> 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		Gender	
<input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Video Phone		<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"/> Arab <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:			
<input type="checkbox"/> Job exploration counseling <input type="checkbox"/> Work-based learning experiences <input type="checkbox"/> Workplace readiness training to develop social skills and independent living <input type="checkbox"/> Instruction in self-advocacy, including instruction in person-centered planning and peer mentoring <input type="checkbox"/> 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):			
<input type="checkbox"/> Is a student receiving special education under an IEP <input type="checkbox"/> Is a student with a 504 Plan <input type="checkbox"/> Is a student with a disability without a 504 Plan or IEP			
Primary Disability:			
Secondary Disabilities:			
Enrolled at:			
Education program:			
<input type="checkbox"/> Secondary <input type="checkbox"/> Alternative <input type="checkbox"/> GED Prep <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Vocational Ed.			
Grade Level		Expected Graduation/Exit Date	
As a representative of the referring educational agency identified above, I certify the following:			
<ol style="list-style-type: none"> 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

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