Pre-Employment Transition Services

**What is Pre-ETS?** We are a collaborative project of multiple agencies serving students with disabilities. Services will include teaching positive strategies through supported decision-making concerning community living, further educational opportunities and employment for students with intellectual and other disabilities.

**What does the program involve?** Pre-ETS requires student participation in individual and/or group activities which address skills related to employment, education, and basic preparation for life after high school.

**Is it confidential?**  Information will be confidential and only used to report services provided.

**Do I have to participate?** Your participation in the project and assessment of student needs is completely voluntary. You can choose for yourself to participate or not.

**Who do I contact with questions?**  Pre-ETS Coordinator: Chris Lowry (765)-454-5997 ext. 1406

[clowry@dsiservices.org](mailto:clowry@dsiservices.org)

**Job exploration counseling**

* Review of local labor market and In-demand industries and occupations,
* Non-traditional employment options,
* Discussion of vocational interests
* Identification of career pathways of interest to the students.

**Work based learning experiences**

* Job shadowing, Information Interviews
* **New!** Paid **(stipend program)** and/or non-paid work-based learning experiences.
* Volunteering.
* Workplace Tours/Field Trips

**Counseling on postsecondary opportunities**

* Promoting participation in postsecondary education.
* Attending college fairs and tours.
* Gaining awareness of career pathways.
* Accessing services and supports from agencies that assist people with disabilities.

**Workplace Readiness Training**

* Receive training on communication, problem solving and other specific social and interpersonal skills as well as independent living skills.

**Instruction in self-advocacy**

* Training on self-awareness, disclosure of disability and knowing individual rights and responsibilities

**CONSENT FOR STUDENT TO PARTICIPATE IN Pre–ETS**

I have read and understood this Consent Form, and I have had the opportunity to ask questions.

**Consent:** I agree to allow my child to participate in all aspects of the project and assessment, including field trips/transportation and to participate in the Paid Stipend program, under the supervision of Project collaborative staff. I give my permission to share information between School and Project (for example, copies of school records, IEP or 504, and confidential information) that is necessary to participate. DSI has permission to obtain information from Indiana Vocational Rehabilitation on the status of student regarding their case status with Vocational Rehabilitation during the time the student is enrolled in pre-ETS and for one-year post-exit from pre-ETS.

I give my consent knowingly, freely, and voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Full Name (Printed) Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Telephone Number Parent Email Address

**Student Consent:** I agree to participate in all aspects of the project, including field trips and transportation, under the supervision of Project collaborative staff. I give my consent knowingly, freely, and voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Full Name (Printed) Signature of Student Date

|  |
| --- |
| Please answer the following to provide additional authorization for the listed items  Can this student be photographed/filmed for promotional purposes?  YES NO  Can this student be identified by full name in connection with photograph?  YES NO |

This consent will expire upon request of Parent/Guardian.

**Vocational Rehabilitation Services Pre-ETS Consumer Intake Packet**

**Intake Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Current VR Applicant?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consumer Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M**l** \_\_\_ **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth: (Mo/dd/yyyy)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** Male Female Does Not Wish to Self-Identify

**Race** (please check ail that apply):

White Black or African American Asian Native Hawaiian or Pacific Islander

American Indian or Alaska Native Middle Eastern

**Ethnicity:** Hispanic/Latino Yes No

**Stated Disability:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Plan** (please include a copy of the IEP, 504 or documentation used for verification or disability)

IEP 504 Plan has neither IEP nor 504 Plan (specify other verification of disability)

**Expected Year or Graduation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Residential Address**:

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address** (if different from residence address):

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Legal Guardian**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: (if different from Parent/legal Guardian)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_