

Request for Pre-Employment Transition Services (Pre-ETS) Instructions

January 2026

Purpose

Vocational Rehabilitation (VR) must ensure that Pre-Employment Transition Services (Pre-ETS) are provided only to students with disabilities as defined by 34 C.F.R. § 361.5(c)(51) and OAR 582-001-0010 (70), who are in need of Pre-ETS, and that all services are prior authorized by VR. This form initiates the process but does not guarantee specific services.

How to Complete the Form

Page 1 – Student Information

The student, family, or others may complete this form for the student.

- **First, middle, and last name:** Legal first and last name are required.
 - There is a location for preferred name.
- **Date of birth (DOB):** This is the students date of birth and is required. Gender may be included, if desired.
- **School:** Make sure this is a school and **not a program** such as CTP, Community Transition Program, or Transitions.
 - If a student is attending a community transition program (or something similar), document what **school** is that program associated with, or the **school district**. For example, “CTP” or “Transition Co-Op” would be Stafford High School or Stafford School District.

- **Social Security Number (SSN):** If this is included, please assure the form is sent securely. It is not required on this form.
- **State Secure Identifier (SSID):** This is a unique identifier for the student.
 - This is required if a school staff is completing; this is an 8-digit number.
 - If the student or family know this, please include.
- **Phone:** Enter the best phone number to reach the student and or parent.
- **Email:** Enter email of the student and or parent(s) or family.
- **Race/ethnicity:** Completion is optional; if student enrolls in other VR services, this will be discussed further.
 - **Are you Hispanic or Latino/a:** Answer Yes or No; this is optional
 - **Tribal Enrollment number or affiliation and Tribe:** Add information if known.
- **Describe your disability or disabilities:** This can be specific disability diagnosis or the student's barriers in employment.
- **Who is making this request?** This helps VR know who completed the form, and if additional information is needed, who to contact.
 - If you check "**Other**," document your role.
- **Student's post-secondary goal:** This is about the student's long-term goal for working and learning as an adult after high school. There are two options:
 - Student is still working on it, or they know their goal.
 - If they have a goal, write it on this line. This helps understand the direction the student is wanting at the moment the form was completed.
- **Is this part of a group request?** Answer Yes or No.
 - **Yes**, means this student along with others are wanting similar service to be provided in a group setting.
 - Mark **No**, if the above is not true, or you are unsure.

Page 2 – Additional Details

1. Qualifications for Pre-Employment Transition Services

This section is to show the qualifications needed to receive these services.

2. Services of interest

- The five Pre-ETS are listed (in the parenthesis), and the student can write about their interests in any of them. They are:
 - **Explore different job and career options** (Job Exploration Counseling)
 - **Practical work experience** (Work-Based Learning Experience)
 - **Explore next steps after school, learn about college or training programs** (Counseling on Opportunities for Enrollment in Comprehensive Transition or Post- Secondary Education Programs at Institutions of Higher Education)
 - **Learn skills to prepare for work** (Workplace Readiness Training)
 - **Learn how to ask for what you need** (Instruction in Self-Advocacy)
- If this is left blank, the initial consultation with the student will include a conversation about the five Pre-ETS.
- This is to help understand what a student is interested in. VR has an authorization process that must be followed to determine which Pre-ETS, at that time, a student is able to receive from VR or contractor.
- Selecting specific Pre-ETS is the beginning of the conversation and does not authorize the specific Pre-ETS at this time.

Page 3 – Documentation and signatures

- **Student:** Required for students over 18. Encourage student not of age of majority, or if they have a guardian, to sign to show their interest in discussing Pre-ETS.

NOTE: Please have Student date when they sign.

- **School staff acknowledgement:** This is **only** for Principal, Guidance Counselor, or Teacher (or other roles that have access to this information such as school psychologist, OT-Occupational Therapist-OT, SLP-Speech-Language Pathologist) to complete to attest [have clear evidence] that the student, listed on **page 1**, receives services under IDEA, or section 504 as an individual with a disability. Leave this blank if a Principle, Guidance Counselor or Teacher is not available to “confirm and attest” to this statement. This can be left blank but is recommended to be completed.

NOTE: Please have School staff date when they sign.

- **Parent or guardian:** This is required if the student is under 18, or if over 18 and has a guardian; or if a student is over 18 and does not have a guardian, they are required to sign this location as well.
 - They are signing to indicate that Oregon VR may exchange information with the school listed on page 1.
 - By signing this, it gives permission for Oregon VR to exchange information with staff of the school names on page 1.
 - If other information is necessary, a Release of Information will be required.

NOTE: Please have Parent or Guardian date when they sign.

- **General terms and conditions:** Information – Oregon VR services are based on the individual’s unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Pre-ETS are free to students with disabilities who have been verified and authorized by an Oregon VR staff.
- **Contractor acknowledgement:** This is used once a student is verified and authorized to receive Pre-ETS. This is for the specific assigned contractor to agree to provide Pre-ETS. If contractor works for a school district, indicate that; otherwise, leave blank. **Date** when this signature is acquired.

Page 4 – For VR staff only

This is only to be completed by VR staff. It is the location to document when the form was received. Once the student has been determined as a student with a disability, the VR staff will write who is assigned to provide the authorized Pre-ETS, and their position title. The next section shows which Pre-ETS are authorized for the student to receive and how many hours the person assigned has to work with that student. The VR staff completing this section will then sign the form.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Vocational Rehabilitation Services at pre.ets@odhsoha.oregon.gov or 503-947-5025 Fax. We accept all relay calls.