

**Pre-Employment Transition Services**

**Student Authorization Form**

**Note to Parent/Guardian:** Your child is participating in the Pre-Employment Transition Services (Pre-ETS) through Central Tech. Pre-ETS activities are designed to assist and prepare students for transition from high school to post-secondary education or work upon graduation. Activities focus on job exploration, work-based learning, post-secondary education, workplace readiness, and self-advocacy. Pre-ETS specialists from Central Tech visit your students' school and provide education based on individual need and interest.

**No-Cost Services:** In collaboration with The University of Oklahoma and the Oklahoma Department of Rehabilitation Services, Pre-ETS provides services to students with disabilities age 14 -21.(see potential eligibility list on the back of form). This is a FREE program. If you feel your child could benefit from these services, please complete the form below.

**Completed by Parent/Guardian or Adult Student**

Student Legal First Name		Middle Initial	Student Legal Last Name	
Student Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed		Graduation Month/Year
Student Race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Other				
Mailing Address		Student Phone	City	Zip Code
Parent Email Address		Parent Phone	School	
<input type="checkbox"/> Yes, this student is an individual with a documented disability or diagnosed condition (ie; a medical, physical, mental or cognitive)- <u>Examples on back of form</u> . This student is eligible to receive Special Education Services.				
<input type="checkbox"/> Yes, this student has applied for -OR - is receiving VR services from OK Dept. of Rehabilitation Services.				
<p>By signing, I give permission for the student listed above to participate in the Pre-ETS program activities. I understand the program is voluntary and I reserve the right to withdraw at any time. I give permission for this student's IEP transition goals to be discussed with the Pre-ETS Specialist. I give permission for data to be reported to the OK Department of Rehabilitation Services. I also give permission for Central Tech staff member(s) to assist my student with job applications, interviewing and on and off-site visits with their employer, if applicable. I understand this information is confidential and will not be disclosed beyond OK Department of Rehabilitation Services.</p> <p>Parent/Guardian Signature: _____ Date: _____            Or Adult Student Signature: _____</p>				

**Completed by School Staff:**

School Staff Name:	School Staff Title:
School Staff Email:	Staff Signature: _____ Date: _____
Does the student have any of the following documentation? <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> Documented Disability/Condition <input type="checkbox"/> N/A	



## Pre-Employment Transition Services (PreETS) Potential Eligibility

**Below are some examples of documented conditions that could determine eligibility:**

An Individualized Educational Plan (IEP) or a 504

A disorder of eyes, ears, nose or throat

Frequent dizziness, fainting or headaches, seizures, convulsions, paralysis or stroke

A mental or nervous disorder (anxiety, depression, etc.)

Persistent coughing, bronchitis, asthma, emphysema, tuberculosis, or other disorders of the lungs

Chest pain, high blood pressure, heart murmur or other disorder of the heart

Intestinal bleeding, ulcer, hernia, colitis or other disorder of the stomach, intestines, liver or gallbladder

Disorder of kidney, bladder, prostate or reproductive system

Diabetes, thyroid or other endocrine disorders

Arthritis or other disorder of the muscles or bones, including the back, spine or joints

Loss of use of arms, legs or other body part

A tumor, cancer, or disorder of skin or lymph glands

Allergies (that affect your daily life or work)

Anemia or other disorders of the blood

Excessive use of alcohol or other habit-forming drugs

Any other physical or mental condition

**For more information contact:**

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