DSHS
WASHINGTON STATE Department of Social and Health Services

Division of Vocational Rehabilitation (DVR)

Pre-Employment Transition Services Approval

Section 1. Please provide DVR with information about the interested student below.

Legal Last Name	Legal First Name	Middle Name

Preferred Name	Date of Birth	County

Mailing Address: Number / Street	City	State	Zip Code

Race and Ethnicity (**Required** for all secondary / high school students)

Does the student identify as Hispanic or Latino?

☐ Yes ☐ No

Federal reporting requires DVR to collect information about the student's race using the categories below.

How does the student identify:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Gender (Optional)

☐ Female ☐ Non-Binary ☐ X

☐ Male ☐ Other

☐ Does not wish to disclose

Phone (include area code)

☐ TTY ☐ Video

Additional Phone (include area code

☐ TTY ☐ Video

Email Address

If the student's race and ethnicity is not provided, staff must use an observer-identification method.

This information was: ☐ Self-provided ☐ Reported by parent / guardian ☐ Observed by DVR staff ☐ Reported by education official

The student named above meets the following requirements for the provision of pre-employment transition services:

1. Is between 14 years of age and 22 years of age (up until the end of the school year in which they turn 22);
2. Is attending a secondary / high school, alternative, GED prep, post-secondary or vocational education program; and
3. Is receiving special education services or is an individual with a disability for purposes of 504 eligibility.

Please read the following information, sign, and date. If a student is under 18 years of age, consent of a parent or legal guardian is <u>required</u>. For more information about pre-employment transition services, please see the addendum to this form.

My signature below indicates that I give my permission for the student named in Section 1 of this form to participate in pre-employment transition services as provided by the Department of Social and Health Services, Division of Vocational Rehabilitation (DVR) or its designated contractor.

I permit the transmission of the information on this form, as well as information needed for the provision of pre-employment transition services, between the education agency identified in Section 2 and DVR or its designated contractor as a condition of the student's participation. I understand that information about which services I participate in will be exchanged between DVR and the contractor.

I understand that DVR will utilize some of the information provided for federal reporting and program evaluation purposes, and that DVR will treat this information in a confidential manner as described in WACs 388-891A-0130 and 388-891A-0150. I understand that the Health Insurance Portability and Accountability Act (HIPAA) does not apply to this information, but that other laws may prohibit its re-disclosure without the written consent of the student, parent, or legal guardian.

I understand that I may revoke the consent provided in this form at any time by providing a signed and dated written notice. The consent remains valid as long as the student is a recipient of pre-employment transition services, and is strictly limited to information needed for the provision of pre-employment transition services.

☐ Parent / ☐ Guardian / ☐ Adult Student Signature | Date

Printed Name

Section 2. To be completed by a school official.

Institution at which Student is Enrolled			Phone (include area code)
Grade Level	School / District Student ID	State Student ID (Optional)	Expected Graduation / Exit Date

Type of Education Program

☐ Secondary / High School ☐ GED Preparation ☐ Home-Based Instruction
☐ 18-22 Services ☐ Post-Secondary / Vocational Education

As an official with knowledge of the student identified in Section 1 of this form, and a representative of the education agency listed above, I attest to information below about the disability documentation held by the school and the program through which the student receives accommodations, services, or both.

I refer the student to the Department of Social and Health Services, Division of Vocational Rehabilitation (DVR) for the opportunity to participate in activities defined as pre-employment transition services under the Rehabilitation Act. This referral is limited to participation in those activities defined as pre-employment transition services and is not a referral for application to the vocational rehabilitation program.

	Yes	No
This student has an accommodation plan under section 504 of the Rehabilitation Act.....	☐	☐
This student has an Individualized Education Program (IEP)	☐	☐
This student is an individual with a disability who does not have an IEP or 504 Plan	☐	☐

School Official Signature Date	Printed Name

Section 3. Approved for services by DVR staff following documentation or professional observation consistent with DVR standards and practices.

DVR Staff (RTC / VRC) Signature Date	Student Waves ID (if no Student ID is provided)

Section 4. Frequently Asked Questions.

What are pre-employment transition services?

Pre-employment transition services are a set of opportunities available to students with disabilities to receive meaningful training and other services necessary to become successfully employed. They are organized into five distinct types of activity:

- Job exploration counseling;
- Work-based learning experiences;
- Workplace readiness training;
- Instruction in self-advocacy; and
- Counseling on opportunities for enrollment in comprehensive transition/postsecondary educational programs.

Whose contact information should be included in Section 1 of this form?

If the student is over 18 and does not have a guardian, then the student's contact information should be included. If the student is under the age of 18, then the parent or guardian's contact information should be included.

Who pays for pre-employment transition services?

These services are provided through the Department of Social and Health Services, Division of Vocational Rehabilitation (DVR), and they are paid for with state and federal funds.

What rights do I have if I disagree with a decision DVR has made affecting the pre-employment transition services provided to me?

As described in Washington Administrative Code, if DVR makes a decision that affects the DVR services provided to you that you don't agree with, you may try to resolve the disagreement by any one of the following or a combination of the following:

- Talk to a DVR counselor or the DVR supervisor;
- Talk to the DVR director or his or her designee;
- Seek assistance from the client assistance program (CAP), available by phone at 1-206-849-2939;
- Request mediation; and/or
- Request a fair hearing.

You may request a fair hearing and/or mediation while you continue to work with a DVR counselor, DVR supervisor or DVR director or designee to resolve the disagreement. A fair hearing request must be filed within 45 days of the adverse decision. If you reach agreement prior to the date of the scheduled mediation or fair hearing, the request may be withdrawn.