



Kansas City Region High School Referral for Pre-Employment Transition Services

Please send completed referral to Lara Bowen Lara.Bowen@ks.gov or fax 913-826-7583 or
to Stephanie Pascua at Stephanie.Pascua@ks.gov

To be completed by high school

From: School _____
 Address/County _____
 School District#/Building Name _____
 Phone _____
 Name/Position Title _____
 Email Address _____

Student: Name _____
 Address _____
 City/State/Zip Code _____
 County _____
 Phone _____
 Birth Date _____
 Expected Date to complete
 or exit high school _____

Referral Accompanied by: Signed release of information and IEP or 504 Plan

To be completed by Student, Parent/Legal Guardian (if applicable)

Best time to schedule a meeting: _____

Pre-Employment Transition Services:

Which services are you interested in?

- | | |
|---------------------------------------|--|
| _____ Job exploration counseling | _____ Counseling on opportunities for enrollment in comprehensive transition or postsecondary education programs |
| _____ Work-Based Learning Experiences | _____ Workplace readiness training to develop social skills and independent living skills |
| _____ Instruction on self-advocacy | |

Consent for referral/release of information on back of page, please review and sign

Not an application for Vocational Rehabilitation (VR) Services

CONSENT FOR REFERRAL/RELEASE OF INFORMATION

Below is the signature authorization for _____ to be referred for Pre-Employment Transition Services (Pre-ETS), Program of Kansas Rehabilitation Services (RS) with the Department for Children and Families (DCF). I consent to the release of the information about me to be sent to RS for purposes of Pre-ETS and the school to discuss planning and service delivery.

Signature of Student _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Print Name of Parent/Legal Guardian _____

If signed by parent/legal guardian (if applicable), please provide address and phone number if different than the student's.

Address: _____

Phone: _____

Email: _____

Auxiliary Aids needed: _____

(Examples: Braille, Large Print, Sign Language Interpreter)

Pre-Employment Transition Specialist ONLY:

Referral Received and dated stamped on :
Referral made by:
Specialist made Contact. Date Completed:
Specialist mailed referral letter to student. Date Completed:
Specialist emailed referral source to let them know a referral was received and a letter was mailed out and call was made. Date Completed: