



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

Please send completed referral to Pre-ETS Specialist Stephanie Pascua at [Stephanie.Pascua@ks.gov](mailto:Stephanie.Pascua@ks.gov) and/or Pre-ETS manager Richard Deason at [Richard.Deason@ks.gov](mailto:Richard.Deason@ks.gov)

From: School \_\_\_\_\_  
 School District#/Building Name \_\_\_\_\_  
 Name/Position Title \_\_\_\_\_  
 Email Address \_\_\_\_\_

Student: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 County \_\_\_\_\_  
 Phone & Email \_\_\_\_\_  
 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 and Parent email: \_\_\_\_\_

**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)

Attach Students IEP or 504 Plan if possible. Thank you!

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:

