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| **Texas Workforce Solutions logo** | Texas Workforce Commission**Vocational Rehabilitation Services****Request to Receive Pre-Employment Transition Services**    |
| **Required Elements Needed for Federal Reporting**   |
| *The confidentiality of all information requested on this form is protected by 34 CFR 361.38.*  |
| Student First Name:      | Student Last Name:      |
| Date of Birth:      | SSN / Driver’s License or State ID # / or School ID #:      |
| Race & Ethnicity (select all that apply):  [ ]  American Indian or Alaska Native[ ]  Asian[ ]  Native Hawaiian or other Pacific Islander[ ]  Hispanic or Latino[ ]  Black or African American[ ]  White |
| Start Date for Pre-ETS activity:       |
| Disability:       |
| Disability verified by documentation/observation? [ ]  Yes [ ]  No |
| **Additional Student Information**   |
| Email Address:       | Phone:(   )       |
| Address:      |
| City:      | State:      | ZIP:      |
| Currently Enrolled in School: [ ]  Yes [ ]  No | Name of School:      |
| Section 504 Plan: [ ]  Yes [ ]  No | Individualized Education Program: [ ]  Yes [ ]  No |
| **Parent/Representative Information**   |
| Parent/Representative First Name:      | Parent/Representative Last Name:      |
| Email Address:       | Phone:(   )       |
| Address:      |
| City:      | State:      | ZIP:      |
| Method of Contact (select one): Face to Face [ ]  Phone [ ]  Virtual [ ]   |
| Customer has Internet: Yes [ ]  No [ ]  | Customer has Computer/Laptop: Yes [ ]  No [ ]  |
| Customer is able to Video Conference: Yes [ ]  No [ ]  |
| By signing below:* I am requesting Pre-Employment Transition Services from the Texas Workforce Solutions – Vocational Rehabilitation Services (TWC-VR).
* I am a student with a disability, and I have provided appropriate documentation of my disability to TWC-VR.
* I understand that in order to pursue additional services through TWC-VR I will need to complete an application and provide TWC-VR with more information needed to determine my eligibility for those additional services.
* I have received a copy of the “Can We Talk?” brochure outlining the VR appeals procedures.
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| **Signatures**   |
| Note: A parent or representative must sign if the student is a minor (under 18 years of age).   |
| Student Printed Name:      |
| Student Signature: **X**       | Date:      |
| Parent/Representative Printed Name:      |
| Parent/Representative Signature: **X**       | Date:      |