

DIVISION OF VOCATIONAL REHABILITATION (DVR)
Pre-Employment Transition Services Interest

Please provide DVR with basic information about the interested student below:

| | | | | | |
|---|---------------|-----------|--|----------------------------------|--------------------------|
| FIRST NAME | | LAST NAME | | MIDDLE NAME | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | GENDER | | RACE / ETHNICITY | |
| ADDRESS | | | | PHONE NUMBER (INCLUDE AREA CODE) | |
| | | | | YES | NO |
| This student has a section 504 accommodation plan | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| This student has an individualized education plan (IEP) | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| This student is an individual with a disability who does not have an IEP or 504 plan | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>I hereby authorize the student listed above (or below) to participate in Pre-employment Transition Services. I authorize the release of the information disclosed on this form to the Department of Social and Health Services, Division of Vocational Rehabilitation (DVR). I understand that this information will be treated in a confidential manner by DVR and is not protected under the Health and Insurance Portability and Accountability Act (HIPAA).</p> | | | | | |
| <input type="checkbox"/> PARENT / <input type="checkbox"/> GUARDIAN / <input type="checkbox"/> ADULT STUDENT SIGNATURE | | | | DATE | PRINTED NAME |