

Student Request Form for Pre-Employment Transition Services

Montana Vocational Rehabilitation and Blind Services

Student Name: _____ Student's Date of Birth: _____

Address: _____ Student Phone Number: _____

City, State, Zip: _____ Parent Phone Number: _____

Social Security Number: _____ Student ID Number: _____

(Social Security Number is required for federal funding and reporting purposes.)

Preferred Email Address: _____

Student's Race: American Indian Asian Black Native Hawaiian White

Student's Ethnicity: Hispanic or Latino Not Hispanic or Latino

Foster Care Youth: Yes No

Student's Disability Status: 504 Accommodation IEP Has a Disability (No 504 or IEP)

Primary Disability: _____

School Name: _____ Grade Level: _____ Expected Graduation Year: _____

Pre-Employment Transition Services (Pre-ETS) Requested

See Definitions and Check all that apply

- | | |
|--|---------------------------------|
| 1. Job Exploration Counseling | 4. Workplace readiness training |
| 2. Work Based Learning | 5. Instruction in self-advocacy |
| 3. Counseling on transition or
postsecondary educational programs | |

By signing this form, I am requesting Pre-Employment Transition Services. This form will remain in effect until I no longer meet the definition of a student with a disability, no longer need Pre-Employment Transition Services or no longer wish to participate. I realize that Pre-Employment Transition services will end when I am no longer in an education program or turn 22. If I ever need information, advocacy or help appealing a VRBS decision, I know that I can contact the Client Assistance Program (CAP). I understand that if I wish to apply for vocational rehabilitation services, I may do so at any time. I grant permission for Vocational Rehabilitation and Blind Services (VRBS) to exchange information with my school and service providers. I understand that VRBS requests my Social Security Number for federal reporting purposes. All information will be kept in the strictest confidence and used solely for program purposes. Information that I have provided is to the best of my knowledge true, correct and complete.

Signature of Student

Date

Signature of Student's Parent or Legal Guardian (if student is under 18)

Date

**Student with a Disability Verification for
Pre-Employment Transition Services
Montana Vocational Rehabilitation and Blind Services**

Student Name: _____

Definition of a Student with a Disability:

A student with a disability is an individual with a disability in a secondary, postsecondary, or other recognized education program who is not younger than 14 and not older than 21. The student is eligible for, and receiving, special education or related services under Part B of the Individuals with Disabilities Education Act (20 U.S.C. 1411 et seq.); or is an individual with a disability, for purposes of section 504; or is an individual with a disability who is not receiving a 504 accommodation or services under an Individualized Education Program (IEP).

If this request form is being completed by school personnel, please verify the following:

By signing this form, I verify that this individual meets the definition of a student with a disability and there is available documentation supporting that the student is:

A student with a disability for the purposes of section 504; or

A student with a disability and is receiving transition services under an Individualized Education Program (IEP); or

A student with a documented disability who is not receiving a 504 accommodation or services under an Individualized Education Program (IEP).

School Personnel Name: _____ / _____ Date: _____
Printed Name Signature

If this request form is being completed by non-school personnel, one of the following supporting documents must be included with the submitted request form:

Copy of Individualized Education Program (IEP) or 504 Accommodation.
School records/statement from school personnel.
Proof of receipt of SSI/SSDI benefits based on individual's own disability.
Medical or psychological documentation signed by a licensed professional.

**Please submit this completed form and supporting documentation (if applicable)
to your local VRBS Office or Pre-ETS Specialist.
The form will be signed by VRBS staff to verify approval.**

VRBS Office Use Only:

Required verification has been reviewed and individual is confirmed to be a student with a disability.
The student has reviewed information about the available Pre-ETS and requested specific services.
VRBS is in agreement that the requested Pre-Employment Transition Services are appropriate and necessary for the student to prepare for life after high school.

Pre-ETS Specialist/VRBS Staff Signature: _____ Date: _____

Pre-Employment Transition Services Definitions

1. **Job Exploration Counseling** - Job Exploration Counseling is meant to provide students with a variety of opportunities to gain information about careers, the skills needed for different jobs and to uncover personal career interests. If provided as pre-employment transition services, job exploration counseling may be provided in a group setting or on an individual basis, and may include information regarding in-demand industry sectors and occupations, as well as non-traditional employment, labor market composition and vocational interest inventories to assist with the identification of career pathways of interest to the students
2. **Work based learning** - Work Based Learning (WBL) is an educational approach or instructional method that uses community workplaces to provide students with the knowledge and skills that will help them connect school experiences to real-life work activities and future career opportunities. WBL may include in-school or after-school opportunities, experiences outside the traditional school setting, and/or internships. When paid WBL experiences are provided, the wages are to be paid at no less than minimum wage.
3. **Counseling on opportunities for enrollment in comprehensive transition or post-secondary education programs at institutions of higher education** - information and guidance on a variety of post-secondary education and training opportunities. These services may include information on course offerings, career options, types of academic and occupational training needed to succeed in the workplace, and postsecondary opportunities associated with a career field or pathways. It may also include advising students and family members on academic curricula, college application and admissions processes, completing the Free Application for Federal Student Aid (FAFSA), and resources that may be used to support individual student success in education and training, to include disability support services.
4. **Workplace readiness training to develop social skills and independent living** - Workplace readiness traits describe a number of skills that employers expect from most employees. Workplace readiness skills are a set of skills and behaviors that are necessary for any job, such as how to interact with supervisors and co-workers and the importance of timeliness. These skills are sometimes called soft skills, employability skills, or job preparation skills. These skills help students learn and build an understanding of how we are perceived by others.
5. **Self-advocacy skills** – includes an individual's ability to effectively communicate, convey, negotiate or assert his/her own interests and/or desires; develop self-determination; enable students to advocate for any support services, including auxiliary aids, services, and accommodations that may be necessary for training or employment.
 - Knowledge of self
 - Knowledge of rights and responsibilities
 - Communication skills
 - Leadership skills

YOUR APPEAL RIGHTS

Decisions made by Vocational Rehabilitation may be appealed. The Client Assistance Program (CAP) at Disability Rights Montana can provide you with information, advocacy, and help appealing a decision.

Client Assistance Program
1022 Chestnut Street
Helena, MT 59601
Toll Free 1-800-245-4743 (Voice/TTY)
(406) 449-2344 (Voice/TTY)
Fax (406) 449-2418
advocate@disabilityrightsmt.org

You may request "conciliation" (a review of the decision and discussion with a supervisor). For this, please contact Tammy Hogan, Pre-ETS Bureau Chief, at (406) 454-6069 or dial toll free 1 (877) 296-1197.

If you are dissatisfied with an agency decision you may appeal the decision in writing to: The Department of Public Health and Human Services (DPHHS) Hearing Officer, PO Box 202953, Helena, Montana 59620, or telephone, 406-444-2470 (Voice/TTY) within 45-days of the date you are notified of the decision. The Hearing Officer will guide you and your representative through 1) an Administrative Review and/or 2) a Fair Hearing.

After appealing the decision, you may also request "mediation services" provided by an independent, impartial mediator. A mediation request may be made either to the Hearings Officer or to Tammy Hogan, Pre-ETS Bureau Chief at VRBS 201 1st St. S., Ste 2 Great Falls, MT. You may also call (406) 454-6069 or dial toll free 1 (877) 296-1197.

Instructions Student Request Form for Pre-Employment Transition Services

1. The Student Request Form is required for each student with a disability who will be receiving Pre-Employment Transition Services (Pre-ETS). The Student Request Form must be completed and submitted to VRBS prior to or during the quarter that the Pre-Employment Transition Services are being provided
2. The Social Security Number is required for federal reporting purposes. All information will be kept in the strictest confidence.
3. The student will review the Pre-ETS definitions and check all of the services that he or she is requesting. The school staff will indicate if any of the services checked by the student are either already available or being provided by the school under IDEA and included on the students IEP. The student may request all of the services, but there is no requirement for the school to provide a specific service or all five of the Pre-Employment Transition Services. If the student needs a service that the school does not provide, VRBS will work with the student to ensure they receive it through direct provision, counselor purchase or comparable benefits.
4. If a student does not request a specific Pre-ETS Service, the quarterly report and billing invoice cannot include the service that was not requested.
5. The form requires a student signature, or a parent signature if the student is under 18.
6. School staff can sign the form verifying that the student meets the definition of a student with a disability. No further documentation needs to be sent with the form. VRBS staff may request to view the school's documentation supporting that the student has a disability.
7. If the form is not signed by school personnel, supporting documentation will need to be submitted with the Student Request Form.
8. The completed Student Request Form will be sent to the local VRBS Office through secure means such as mail, fax or the State of MT file transfer service. Office addresses and Fax numbers are available on the VRBS website.
9. The Student Request Form will be reviewed and signed by a Pre-ETS Specialist/VRBS staff to verify that the individual is a student with a disability and VRBS in agreement with the requested Pre-Employment Transition Services.