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| **Maine Division of Vocational Rehabilitation**  **Request for Pre-Employment Transition Services** | | | | | | | |
| **Student Name:** | | | | | | | |
| **Gender:**  M  F  Non-Binary  Did Not Self- Identify | | **Date of Birth:** | **SSN:** (optional) | | | | |
| **Mailing Address:** | | | | | **City:** | | |
| **State:** ME | **Zip Code:** | **Phone:** | **E-mail:** | | | | |
| **School:** | | | | **Current Grade:** | | **Anticipated  graduation year:** | |
| I currently receive special education services  I currently have a 504 plan  I do not receive services  Not sure | | | | | | | |
| **Please circle the best answer:**   1. I know where to go online to learn about different types of jobs and careers, as well as the education and training needed for them. **(a)** Strongly agree **(b)** Agree **(c)** Disagree **(d)** Strongly disagree 2. I have taken steps, such as visited businesses or taken career surveys, to help me learn about different  kinds of jobs. **(a)** Strongly agree **(b)** Agree **(c)** Disagree **(d)** Strongly disagree 3. I know what types of job(s) are best for me.  **(a)** Strongly agree **(b)** Agree **(c)** Disagree **(d)** Strongly disagree 4. I know what skills and training I need for the job(s) I want.  **(a)** Strongly agree **(b)** Agree **(c)** Disagree **(d)** Strongly disagree 5. I have a plan outlining the steps that need to be taken to obtain the job(s) I want.   **(a)** Strongly agree **(b)** Agree **(c)** Disagree **(d)** Strongly disagree | | | | | | | |
| By signing this form, I am requesting Pre-Employment Transition Services from the Maine Division of Vocational Rehabilitation (DVR) based upon the criteria that I am a student who is potentially eligible for DVR services.  I understand that in order to pursue DVR services other than Pre-Employment Transition Services, I will need to complete an application and provide DVR with information needed to determine my eligibility. | | | | | | | |
| Student Signature: | | | | | | | Date: |
| Representatives name/signature: | | | | | | | Date: |
| (If participant is under 18, a parent or guardian signature is required) | | | | | | | |
| By signing below, I indicate that I understand that the information I have provided above may be released to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school) for the purpose of promoting access to Pre-Employment Transition Services. I also agree that the school may provide VR with my IEP - or provide verbal or written confirmation - that demonstrates that I am a student with a disability. This information will be kept for one year and can be revoked, upon written request, at any time. This information may also be used for data collection and reporting purposes. | | | | | | | |
| Student Signature: | | | | | | | Date: |
| Representatives name/signature: | | | | | | | Date: |
| (If participant is under 18, a parent or guardian signature is required) | | | | | | | |

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| **Races/Ethnicity** | | **\*If Hispanic or Latino:** |
| American Indian or Alaska Native | Hispanic or Latino\* | American Indian or Alaska Native |
| Asian | Native Hawaiian or Other Pacific Islander | Black or African American |
| Black or African American | White | Native Hawaiian or Other Pacific Islander |
|  |  | White |