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| **Maine Division of Vocational Rehabilitation****Request for Pre-Employment Transition Services** |
| **Student Name:**  |
| **Gender:** [ ]  M [ ]  F | **Date of Birth:**       | **SSN:** (optional)      |
| **Mailing Address:** | **City:** |
| **State:** ME | **Zip Code:**  | **Phone:**  | **Email:**  |
| **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 |