

Pre-Employment Transition Services Consent & Information Release

Note to Parent/Guardian: Your student has been referred by his/her high school to participate with the University of Missouri's Pre-Employment Transition Services (MU Pre-ETS). Pre-employment transition services are provided under contract with Missouri Vocational Rehabilitation. In this no-cost program, regional pre-employment transition specialists from the University of Missouri regularly visit your student's school to provide services to assist with successful transitions from high school to postsecondary training or work upon graduation. The following pre-employment transition services may be provided based on individual need and the availability of services:

- ✓ **Job exploration** counseling;
- ✓ **Work-based learning** experiences, which may include in-school or after school opportunities, experiences outside of the traditional school setting, and/or internships;
- ✓ Counseling on opportunities for enrollment in comprehensive transition or **post-secondary educational** programs;
- ✓ **Workplace readiness** training to develop social skills and independent living; and
- ✓ Instruction in **self-advocacy**.

STUDENT NAME (Legal name)		"NICKNAME"	MIDDLE NAME		LAST NAME	
DATE OF BIRTH			GENDER		ANTICIPATED GRADUATION DATE	
MAILING ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER (INCLUDING AREA CODE)	
SCHOOL NAME						
RACE (circle one)	White Pacific Islander or Native Hawaiian	Asian	American Indian or Alaska Native Black or African American	ETHNICITY (circle one)	Hispanic or Latino? Yes No	
This student has a section 504 accommodation plan YES <input type="checkbox"/> NO <input type="checkbox"/> This student has an individualized education plan (IEP) YES <input type="checkbox"/> NO <input type="checkbox"/> This student is an individual with a disability who does not have an IEP or 504 plan YES <input type="checkbox"/> NO <input type="checkbox"/>						
I give permission for the above student to participate in the Pre-ETS program at his/her school. I give permission for the above school to release and allow electronic access to all records about the student to the Pre-ETS Specialist. I give permission for all student records and data to be reported to Missouri Vocational Rehabilitation. I understand the program is voluntary and reserve the right to withdraw from the program at any time. I understand this information is confidential and will not be disclosed beyond Missouri Vocational Rehabilitation without a release.						
__ PARENT/ __ GUARDIAN/ __ ADULT STUDENT SIGNATURE			DATE	PRINTED NAME		
TEACHER/SCHOOL STAFF SIGNATURE VERIFYING INFORMATION PROVIDED			DATE	PRINTED NAME		

For additional information regarding Missouri Vocational Rehabilitation, please visit:

<https://dese.mo.gov/adult-learning-rehabilitation-services>

or additional information regarding the University of Missouri Pre-Employment Transition Services (Pre-ETS) program, please visit:

<https://education.missouri.edu/outreach/pre-employment-transition-services/>