**Community Work Transition Program**

**Refer to Apply for OVR Services Form**

**2025 – 2026 School Year**

**District:** **Date:**

**Employment Specialist:** **OVR Counselor:**

These potentially eligible students receiving Pre-ETS through the CWTP are being referred in order to apply to OVR for services.

Students with the expressed goal of employment prior to high school exit are recommended for consideration for the CWTP. For each a copy of the IEP, 504 Plan, or Other Disability Documentation and a signed release of information is attached.

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| --- | --- | --- | --- | --- | --- |
| **Student Name** | **OVR**  **Case #** | **Expressed Goal of Employment Prior to HS Exit (Yes/No)** | **Select One** | | |
| **IEP** | **504** | **Other Disability Documentation** |
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