**Community Work Transition Program Referral Form**

To: OVR Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_

From/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that by completing and signing this document my student’s school will provide the Office of Vocational Rehabilitation (OVR) a copy of this form, along with the support documentation. I understand that my student will begin participating in Pre-Employment Transition Services (Pre-ETS) through the Community Work Transition Program (CWTP): which is the first component of the program. When my student begins their Junior year, they will apply for VR services, if they haven’t had the need to before. Once determined eligible by the VR Counselor, my student will begin the second component of the CWTP and begin receiving individualized Transition Services, which will assist my student in determining and obtaining suitable employment prior to exiting high school. (Parent/legal guardian must also sign if student is under 18 years old or older with court appointed legal guardianship).

Student Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ SSN (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_ Phone: \_\_\_\_­­\_\_\_\_\_\_\_\_\_

Sex: ☐Female ☐Male

Ethnicity: ☐Hispanic ☐Latino ☐Neither

Race: ☐White ☐Black or African American ☐Native Hawaiian or Other Pacific

☐Asian ☐American Indian or Alaskan Native

Current High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade: \_\_\_\_\_\_\_\_ Expected Date to Exit School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Choose One:** Providing a copy of IEP, 504 plan, or disability documents

**Must Attach: copy of IEP, or 504 plan, or documentation of disability**