

Section 1. Referral Information	
Pre-ETS Coordinator	OVR Counselor
Referral Source Name	Referral Email

Section 2. Student Information			
Student Full Name <i>(First, Middle, Last)</i>	Date of Birth	Phone	
SSID#	SSN <i>(optional)</i>	Email	
Address			
City	State	Zip	
Sex <i>(select the most appropriate response)</i>			
Male	Female	Did Not Self-Identify	
Ethnicity <i>(select the most appropriate response)</i>			
Hispanic	Latino	Neither	Did Not Self-Identify
Race <i>(select all that apply)</i>			
White	Black or African American	Native Hawaiian or Other Pacific Islander	
American Indian or Alaskan Native	Asian	Did Not Self-Identify	
Current High School			
Current Grade	Expected Date to Exit School		

(cont'd on next page →)

Section 3. Agreement and Signatures

I grant permission for referral to and participation in the Community Work Transition Program (CWTP), if approved. My signature below also indicates I understand the following:

- The goal of the CWTP is to help youth with disabilities find competitive integrated employment prior to high school exit.
- School staff will provide the Office of Vocational Rehabilitation (OVR) a copy of this referral and required documentation of IEP, 504 Plan, or other disability documents for review and determination of program participation.
- The CWTP begins with Pre-Employment Transition Services in grades 9 and 10. These services require OVR approval but not OVR eligibility determination. The youth referred is not applying to OVR at this time.
- A program expectation is that participating youth will apply for OVR services in grade 11, as individually appropriate.
- The youth may apply for OVR services at any time.
- If OVR determines the youth eligible for services, and deems continuation in the CWTP appropriate, the youth will then participate in the CWTP Transition Services phase of the program.

Signature of Parent/Guardian
(or Student, if Emancipated)

Printed Name of Parent/Guardian
(or Student, if Emancipated)

Date

Referred Student Signature

Date

Required Documentation Attached:

IEP

504 Plan

disability documents