

 **VR- 121X**

**Pre-Employment Transition Services** **(Pre-ETS)**

**121X- COUNSELING ON OPPORTUNITIES FOR ENROLLMENT IN TRANSITION OR POST-SECONDARY EDUCATIONAL PROGRAMS AT INSTITUTIONS OF HIGHER LEARNING**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Provider: | Click to enter |
| VRC Name: | Click to enter | NYS Fiscal System ID: | Click to enter |
|  | Report Date: | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| Student First Name: | Click to enter | Student Last Name: | Click to enter |
| Student Phone Number: | Click to enter | Student Age: | Click to enter |
| Student Email Address: | Click to enter |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| **Service Delivery Format:** |[ ]  Individual Service |[ ]  Student and Family Member |
|  |  |  |  |  |  |  |  |  |  |
| **Units of Service (Up to 10 hours):** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Service Dates:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Areas Addressed based on student’s needs:** (Please check all that apply.) |
|  |  |  |  |  |  |  |  |  |  |
|[ ]  Information on Course Offerings  |  |  |  |  |
|[ ]  Career Options |  |  |  |  |  |
|[ ]  Types of Academic and Occupational Training Needed to Succeed in Pre-ETS |
|[ ]  Post-secondary Opportunities Associated with a Career Field or Pathway (Please check all that apply): |
|  |  |[ ]  Community Colleges (AA/AS degrees, certificate programs and classes) |
|  |  |[ ]  Universities (Public and Private) |
|  |  |[ ]  Career Pathways Related to Workshops and Training Programs |
|  |  |[ ]  Trade and Technical schools |
|  |  |[ ]  Military |
|  |  |[ ]  Post-secondary Programs at Community Colleges and Universities for Students with Intellectual and Development Disabilities |
|  |  |[ ]  Individualized Student Strategies to Support a Smooth Transition from High School to Postsecondary Education (PSE) (Please check all that apply) |
|  |  |  |  |[ ]  Identify Technology Needs |  |  |
|  |  |  |  |[ ]  Attend College Fairs, Tours, and Connect to the Disability Support Services |
|  |  |  |  |[ ]  Other (Describe): | Click to enter |
|  |  |[ ]  Advisement on Academic Curricula  |
|  |  |[ ]  Advisement on College Application and Admission Process |
|  |  |[ ]  Advisement on Completion of the Free Application for Federal Student Aid (FASFA) |
|  |  |[ ]  Resources that may be used to Support Individual Student Success in Education and Training, to Include Disability Support Services  |
|  |  |  |  |  |  |  |  |  |  |
| **Has the participant actively demonstrated increased competency in the above areas?** |
|  |  |[ ]  Yes |[ ]  No |  |  |  |  |
| If Yes, please describe: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Recommendations:** |  |  |  |  |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |

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| --- |
| **Completed By:**  |
|  |  | Click to enter |
| Signature Qualified Evaluator I |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

|  |
| --- |
|  **Provider Supervisor:**  |
|  |  | Click to enter |
| Signature Qualified Evaluator II |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |