



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)
ACCES-VR ID#:	(6 digits)
CAMS ID #:	(10 digits)

VR District Office:	Provider:
VRC Name:	NYS Fiscal System ID:
	Report Date:

Student First Name:	Student Last Name:
Student Phone Number:	Student Age:
Student Email Address:	

**Service Delivery Format:**  Individual Service  Student and Family Member

**Units of Service (Up to 10 hours):**

**Service Dates:**

**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):
- 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:

**Recommendations:**

**Completed By:**

\_\_\_\_\_  
Signature Qualified Evaluator I

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Email:

**Provider Supervisor:**

\_\_\_\_\_  
Signature Qualified Evaluator II

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title