

**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 |

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| --- | --- | --- | --- | --- | --- |
| 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 | | | |

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| **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 | | | | | | | | | | | | | | | | |
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| **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 |  |