# New York State Department of Education Office of Adult Career and Continuing Education Services-Vocational Rehabilitation Pre-Employment Transition Services for Potentially Eligible Students with Disabilities

# COUNSELING ON OPPORTUNITIES FOR ENROLLMENT IN COMPREHENSIVE TRANSITION OR POST-SECONDARY PROGRAMS AT INSTITUTIONS OF HIGHER LEARNING

### Student Name and Student ID:

**Instructions:** Complete <u>all</u> sections below and upload the completed document for review. This form must be completed and submitted electronically. Alternative formats or submissions (i.e., handwritten, mailed, or facsimiled copies) will not be accepted, and may delay payment processing.

Once all four activities in the category of <u>Counseling on Post-Secondary Opportunities</u> have been provided to the student please submit this completed form for payment. Failure to do so within 30 of days of the contract quarter end may result in non-payment of services.

# **Section 1: Activity Summary**

Please note that all four activities must be provided before submission of this form. Do not submit any activity individually. If an activity continues into a second session, also complete line b for that activity.

	Name of Activity	Date	Time In	Time Out	Staff Initial
1.		a.			
		b.			
2.		a.			
		b.			
3.		a.			
		b.			
4.		a.			
	•	b.			

## **Section 2: Activity Detail**

Please describe each activity listed above in detail.

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### COUNSELING ON POST-SECONDARY OPPORTUNITIES-Continued

**Section 3: Types of Post-Secondary Options Explored** *Please check all categories that were explored with the student.* 

Explored trade and technical schools overseen by the NYS Bureau of Proprietary School Supervision (BPSS)

**Explored apprenticeships** 

Explored certificate programs

Explored community colleges

Explored CUNY (City University of New York) or SUNY(State University of New York)

Explored private colleges and universities

**Explored military opportunities** 

Explored community rehabilitation provider programs

Explored inclusive programs at colleges/universities for students with intellectual and developmental disabilities

Other: *Please specify* 

#### **Section 4: Services Provided**

Please check all services that have been provided to the student. Be sure to identify any services below that are not listed.

Ind. Group

Explored the impact of high school on the availability of post-secondary options

Explained different types of degrees (i.e. Associate of Arts-AA, Associate of Applied Science -AAS, etc.)

Discussed admission deadlines and criteria for all post-secondary programs

Examined academic curricula for specific majors or training programs

Explored options to pay for post-secondary training and how to find/apply for financial assistance

Toured trade and technical schools

Toured colleges and universities

Toured community rehabilitation provider programs

Toured career services/job placement departments

Toured disability support service departments

Explored the impact of work experience on employment success after completion of post-secondary

training programs, including college

Other: Please specify

How did the student benefit from the services provided? How does the student perceive (s)he benefited?

### **Section 5: Next Steps**

What additional Pre-Employment Transition Services (Pre-ETS) does this student need? Check all that apply.

Instruction in Self-Advocacy

**Job Exploration Counseling** 

Workplace Readiness Training to Develop Social Skills and Independent Living

Work-Based Learning

Counseling on Opportunities for Enrollment in Comprehensive Transition or Post-Secondary Education

Programs at Institutions of Higher Learning

I hereby certify that the data submitted on this document is true and correct and supported by the Service Provider's internal records.

Vendor Staff Signature: