The Florida Department of Education, Division of Vocational Rehabilitation (VR) works together with students, families, schools and community agencies and organizations to provide services that promote successful transitions from school to work and into adult life.

What is Pre-Employment Transition Services?
Pre-Employment Transition Services (Pre-ETS) offer students with disabilities an early start at career exploration and preparation for adult life.

Beginning at age 14, students with disabilities can connect with VR for Pre-ETS. VR works with students, their families, their schools and community partners to enrich transition planning and support students with gaining knowledge and experiences necessary so they may make informed decisions about their future.

Under the Workforce Innovation and Opportunities Act (WIOA), every student (ages 14-21) with a disability has the opportunity to participate in Pre-Employment Transition Services (Pre-ETS). This includes:

- Job-exploration counseling
- Postsecondary educational counseling
- Self-advocacy training and peer mentoring
- Work readiness training, and
- Work-based learning experience

Students with disabilities may participate in Pre-ETS without having to apply to VR or be determined eligible for services. The focus is to develop work skills, practice social skills and acquire a network of community supports while the student is still in high school.
Who Can Participate in Pre-Employment Transition Services?
Students with disabilities ages 14-21 who are currently enrolled in school.

What are the Pre-Employment Transition Services?
Pre-ETS include job exploration, workplace-readiness training, work-based learning experiences, training on self-advocacy (e.g., youth peer mentoring) and postsecondary educational counseling.

How Does a Student Access Pre-Employment Transition Services?
Students can contact a VR office or request a referral from their school.

Contact Vocational Rehabilitation

850-245-3399
800-451-4327

VRTransitionYouth@vr.fldoe.org
www.RehabWorks.org

Florida Department of Education
Division of Vocational Rehabilitation
Transition Youth Services
325 W. Gaines St., Suite 1144
Tallahassee, FL 32399-0400

The Florida Department of Education, Division of Vocational Rehabilitation (VR) is an equal opportunity employer. It is against the law for VR as a recipient of Federal financial assistance to discriminate against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief. The application process used by VR to determine eligibility for services, any subsequent services and the entire VR process are subject to these non-discrimination requirements. Auxiliary aids and services are available upon request to individuals with disabilities. VR program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2021 Federal fiscal year, the total amount of grant funds awarded were $176,836,896. The remaining 21.3 percent of the costs ($47,860,557) were funded by Florida State Appropriations. Revised October 2021.
Pre-ETS Referral Form – (District)

Student Information

*Name: ____________________________ SS#: ____________________________
*Date of Birth: ___________ Gender: ___ Disability Documentation: ________________
Race: ____________________________ Ethnicity: ____________________________
*Home address: ____________________________
*City: ____________________________ *Zip Code: ___________ *County: ________________
*Phone Number: _______________ Email: ____________________________
*Name of School: ____________________________

Parent/Guardian Information (if applicable) Name: ____________________________
Home Phone, if different from student: _______________ Cell: ____________________________
Email: ____________________________

*School Staff Making Referral

Name: ____________________________ Position: ____________________________
Email: ____________________________ Phone: ____________________________

Accommodations for initial meeting with VR Staff:

Do you require an American Sign Language interpreter? ☐ Yes
Do you require an assistive listening device? ☐ Yes
Do you require translated documents? ☐ Yes
Do you require a foreign language interpreter? ☐ Yes
Do you require any other accommodation for your impairment? ☐ Yes
If yes, please explain: ____________________________

*Transition Youth Services Requested (Check all that apply)

☐ Job Exploration Counseling (includes discussions on the student’s vocational interests, the labor market, and identification of career pathways)

☐ Work Readiness Training (A 20 hour course that focuses on employability and work readiness skills)

☐ Instruction in Self-Advocacy (A course that teaches students how to speak up for themselves and make decisions about their own lives)

☐ Counseling on Enrollment Opportunities (provides an awareness of post-secondary career pathway options with job and career information)

☐ Work-Based Learning Experiences (includes hands on training for employability skills; may be paid or non-paid)
Student Acknowledgement

I understand that through Vocational Rehabilitation, I will be offered limited Pre-Employment Transition Services that can help me explore, prepare for, and make informed career-based decisions. I understand that I must be an active participant in the services I choose to achieve my transition goals.

________________________________________  __________________________
Signature of Student                           Date

Permission to Make Referral

By Signing this Pre-ETS Referral, I give ________________ County Schools permission to submit this STAR Referral to VR. I understand I will be contacted by VR Staff to set up an initial meeting and acknowledge that my participation is required if my child is under 18 or if I am his/her Guardian.

Parent/Guardian/Age of Majority Student: ____________________________  __________________________
Signature                           Date

Confirmation Statement

By Signing this Pre-ETS Referral, I confirm that the student has been identified by ____________________________ County Schools as a student with a disability.

School Staff: ____________________________
Printed Name: ____________________________  Position: ____________________________
Signature: ____________________________  Date: ____________________________

Name of SDR submitting the Pre-ETS Referral to VR: ____________________________

Phone # of SDR submitting the referral to VR (if different): ____________________________

For Official VR Use Only (to be completed by VR Staff)

VR Staff Name: ____________________________  Area/Unit: ____________________________

Date referral received from SDR: ____________________________

Date entered into RIMS: ____________________________

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