Pre-Employment Transition Services Received

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is voluntary, but not providing this information may result in service delays. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Youth First Name	Youth Last Name	Date

Check all Pre-Employment Transition Services Received by the Individual	
☐ Job Exploration Counseling Description:	Provider
	Dates of service Start Date: End Date:
☐ Work Based Learning Experiences Description:	Provider:
	Dates of service Start Date: End Date:
☐ Counseling on Post-Secondary Education Description:	Provider:
	Dates of service Start Date: End Date:
☐ Work Place Readiness Training Description:	Provider:
	Dates of service Start Date: End Date:
☐ Self-Advocacy Description:	Provider:
	Dates of service Start Date: End Date:

_____

Signature of DVR Staff Date

_____

Signature of School Staff (if applicable) Date