



PRE-EMPLOYMENT TRANSITION SERVICES CONSENT FORM

INSTRUCTIONS

Please return this form to our Vocational Rehabilitation (VR) counselor. For additional information regarding New Mexico Division of Vocational Rehabilitation, please visit: <https://www.dvr.state.nm.us/>.

SECTION I: STUDENT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME		
NAME YOU PREFER TO GO BY	DATE OF BIRTH	GENDER ☐ MALE ☐ FEMALE ☐ OTHER		
MAILING ADDRESS	CITY	STATE	ZIP	COUNTY
PHONE NUMBER	EMAIL ADDRESS			

RACE/ETHNICITY (SELECT ALL THAT APPLY)

- | | | |
|--|---|---|
| ☐ American Indian or Alaska Native | ☐ Asian | ☐ Black or African America |
| ☐ Native Hawaiian or Other Pacific Islander | ☐ Middle Eastern/North African | ☐ White |
| Ethnic Group (also select race above) | ☐ Hispanic or Latino | ☐ Does not wish to self-identify |

SECTION II: PARENT INFORMATION-SIGNED BY PARENT/GUARDIAN OR ADULT STUDENT

By signing below, you are indicating:

- Consent to participate in Pre-Employment Transition Services (Pre-ETS)
- Authorization for local educational agencies to release educational records for the sole purpose of receiving Pre-ETS
- Information will be released to the contractor and/or VR counselor overseeing the services provided.
- Services can continue with this consent until the student no longer meets the definition of a student with a disability, no longer needs Pre-Employment Transition Services, or no longer wishes to participate. I realize that Pre-Employment Transition services will end when the student is no longer in an education program or turns 22.

PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE
PARENT/GUARDIAN PHONE NUMBER	PARENT/GUARDIAN EMAIL ADDRESS	
STUDENT SIGNATURE		DATE

SECTION III: SCHOOL INFORMATION-SIGNED BY SCHOOL PERSONNEL /VR STAFF/CONTRACTOR

SCHOOL DISTRICT NAME	CURRENT GRADE	ANTICIPATED GRADUATION DATE	STARS #
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By signing, I verify that this student has a disability and supporting documentation is available.

- ☐ A student with a disability for the purposes of section 504; or
- ☐ A student with a disability and is receiving transition services under an Individualized Education Program (IEP); or
- ☐ A student with a documented disability who is not receiving 504 accommodation or services under an Individualized Education Program (IEP)

If VR contractor or non-school personnel complete this form, they must include one of these supporting documents:

- Individualized Education Program (IEP) or 504 plan
- Proof of receipt of SSI/SSDI based on individual's own disability (SSI/SSDI award letter)
- Medical or psychological documentation with diagnosis signed by a licensed professional

NAME OF AUTHORIZED REPRESENTATIVE VERIFYING INFORMATION PROVIDED	SIGNATURE	DATE
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SECTION IV: PUBLICITY RELEASE-SIGNED BY PARENT/GUARDIAN OR ADULT STUDENT

I hereby grant permission to the New Mexico Division of Vocational Rehabilitation to use my name, pictures, and information regarding my participation in the Vocational Rehabilitation program for any or all of the following: newspaper articles, brochures, flyers, billboards, posters, electronic transmissions, internet publishing, audio and/or video recordings, public service announcements, and other releases of information to the public. I understand that signing this release is completely voluntary and has no effect on eligibility for services.

ADULT STUDENT OR PARENT/GUARDIAN SIGNATURE	DATE	PRINTED NAME
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