



PUBLIC
CONSULTING GROUP

Indiana Pre-ETS
Pre-Employment Transition Services
(Pre-ETS)

Pre-ETS Instructor Name:

Today's date

Name

Date of Birth

Previous VR applicant?

Social Security Number
(Not required)

Phone number

Gender

Race

Ethnicity

Mailing & Residential Address

Parent or Guardian Name (specify if legal guardian)

Emergency contact

Emergency contact number

Disability

If Student has an IEP or 504 Plan?
Attach a copy of that plan. Yes or No

If a student does not have an IEP or 504, provide some other documentation of disability

Expected year of graduation/completion

Parent Signature allowing student to participate in Pre-ETS