

**MRC Pre-Employment Transition Services Referral and Consent Form**

**I. Demographics**

Student Name: \_\_\_\_\_  
 SSN (if required): \_\_\_\_\_ Primary Language: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_ Gender:  Male  Female  Prefer not to answer  
 Race (mark all that apply):  American Indian or Alaska Native  Asian  Black or African American  White  
 Ethnicity:  Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Disability Documentation Type:  IEP  504 Plan  Medical Documentation  Other  
 Disability Diagnosis: \_\_\_\_\_  
 Functional Limitations: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

**II. Family/Emergency Contact**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**III. School Information**

School Name: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Expected Exit Date: \_\_\_\_\_  
 School Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**IV. Services Requested**

Job Exploration Counseling  Work Readiness Training  Work-based Learning Experience  
 Instruction in Self-Advocacy/Peer Mentoring  Counseling for Enrollment in Post-secondary Education Program

**V. Consent for Service**

I am requesting Pre-Employment Transition Services based upon the criteria that I am a student with a disability. I understand I will need to meet with a Pre-ETS Provider and develop a service plan that will be approved by MRC before I start receiving services. I understand that, as a recipient of services from MRC, I have the right to seek advocacy services from the Client Assistance Program (CAP) at 1-800-478-1234 or <http://www.dlc-ma.org/>.

For the specific purpose of participation in Pre-Employment Transition Services, I grant permission for the service provider to exchange information with the schools, authorized personnel, and MRC to verify services were provided to me.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 \*\* if student is under 18 or has a legal guardian, their signature is required\*\*

Parent/Guardian: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Signature