



Texas Workforce Commission  
Vocational Rehabilitation Services  
**Request to Receive Pre-Employment  
Transition Services**

**Required Elements Needed for Federal Reporting**

*The confidentiality of all information requested on this form is protected by 34 CFR 361.38.*

Student First Name:	Student Last Name:
Date of Birth:	SSN / Driver's License or State ID # / or School ID #:

Ethnicity (Select all that apply):

American Indian or Alaska Native    Asian    Native Hawaiian or other Pacific Islander  
 Hispanic or Latino    Black or African American    White    Did not self-identify

Start Date for Pre-ETS activity:

**Additional Student Information**

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Did not self-identify	Phone: (      )	
Address:		
City:	State:	ZIP:
Currently Enrolled in School: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School:	
Section 504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Individualized Education Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	

By signing below:

- I am requesting Pre-Employment Transition Services from the Texas Workforce Solutions – Vocational Rehabilitation Services (TWC-VR).
- I am a student with a disability, and I have provided appropriate documentation of my disability to TWC-VR.
- I understand that in order to pursue additional services through TWC-VR I will need to complete an application and provide TWC-VR with more information needed to determine my eligibility for those additional services.

Student or Representative Signature:  <b>X</b>	Date:
Student or Representative Printed Name:	