



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: ()
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Address:

City:	State:	ZIP:
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Currently Enrolled in School: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School:
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Section 504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Individualized Education Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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: X	Date:
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Student or Representative Printed Name: