

**Empower ME workshop**

**Referral from Pre-ETS to KYEA**

*Completed by Pre-ETS transition specialist*

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| **Pre-ETS Transition Specialist:** | **Pre-ETS Email and Phone Number:** |
| **Name of Student:** | **Student’s Address:** |
| **Student’s Phone Number:**  | **Parent/Guardian’s address:**  |
| **Parent/Guardian’s Phone number:** | **Student’s email:** |
| **Parent/Guardian’s email:** | **Service Provider Name:** |
| **Student’s Grade level:**  | **Student’s High School Exit Date:**  |

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| **Student’s Interests:**  |
| **Student’s Strengths:** |
| **Student’s employment barriers:**  |
| **Student’s accommodations/auxiliary aid needs or food allergies if applicable:**  |

**Pre-ETS Manager Review:**

 **Signature: Date:**

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| **Office Use Only**Date Confirmed Receipt of referral:Start Date of workshop: |

*Attention service providers contact Pre-ETS staff within 10 days from date of referral to confirm the receipt of referral and date you will begin services****. If you do not accept the referral the authorizations will be cancelled.***

*Authorization attached –* ***Payments after the authorization expiration date will not be permitted. If an authorization expires and the service is still needed a new authorization is required.***  *8/27/2019*