

**PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS) INTAKE**Program Name: **Personal Information**

Last Name		First Name		Middle Name	
Street		City		State	Zip Code
Parent or Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent/Legal Guardian Name: <input type="text"/>					
Contact Information:					
Home Phone		Cell Phone		E-mail Address	
Gender at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reporting					
Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino					
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander					
Preferred Language: <input type="text"/>					
Disabilities: <input type="text"/>					

**Education Information**

Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School currently attending: <input type="text"/>	
Highest Grade Level Completed:	Enrolled in High School: <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Other
	(Check current year level) <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior
	Expected Graduation Date: <input type="text"/>
	Certification of Completion Date: <input type="text"/>
	High School Diploma or GED Date: <input type="text"/>
Post-Secondary Education (no degree or certificate)	Number of Credit Hours: <input type="text"/>
Education and Support Services:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> None <input type="checkbox"/> Other If other (list): <input type="text"/>

**I am a student over the age of 18 or a parent who consents to participation in Pre-ETS.**

Student Printed Name and Signature

Date:

Parent/Legal Guardian Printed Name and Signature

Date: