

**STUDENT AND PARENTAL/GUARDIAN REFERRAL CONSENT  
FOR PRE-EMPLOYMENT TRANSITION SERVICES**  
Michigan Department of Labor and Economic Opportunity  
Michigan Rehabilitation Services

**MRS office use only –  
Counselor Initial &  
Date received**

Last Name	First Name		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to self-identify	Date of Birth		
Student Mailing Address	City	State	Zip
Student Telephone Number _____	<input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Video		
Parent Telephone Number _____	<input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Video		
Student Email	Student Contact Preference <input type="checkbox"/> Telephone <input type="checkbox"/> Email		
Parent Email	Parent Contact Preference <input type="checkbox"/> Telephone <input type="checkbox"/> Email		

**Race/Ethnicity (check all that apply)**

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Arab	<input type="checkbox"/> Asian	<input type="checkbox"/> Hmong
<input type="checkbox"/> American Indian/Alaskan Native			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		

**List student's disability(ies)**

**Note:** MRS will require verification of disability and will request information from the student's school. If you have information that may be used to verify disability, please include it with this form.

High School or Educational Program Accepted/ Enrolled at	Current Grade Level	Expected Graduation/ Exit Date
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**Education Program Type**

<input type="checkbox"/> Secondary (including homeschooling and virtual)	<input type="checkbox"/> Alternative	<input type="checkbox"/> GED Prep
<input type="checkbox"/> Postsecondary	<input type="checkbox"/> Vocational Education	

**Consent for Pre-ETS:** The student may consent if they are age 18 years or older and their own legal guardian. The parent/legal guardian signature is required to document consent if the student is age 17 or younger.

I acknowledge that this Consent for Pre-Employment Transition Services (Pre-ETS), gives MRS permission to open a Pre-ETS case on the student identified above.

MRS will also require a signed 'Release of Information' form which gives MRS permission to contact the student's school to verify student with a disability status and to arrange for services with community partners/vendors.

MRS will work with the student and/or parent/guardian to identify all services to be delivered by using a 'Service Agreement' form that will be signed by the student and/or parent/guardian.

Student Name (Print)	Student Signature	Date
Parent/Legal Guardian (Print)	Parent/Legal Guardian (Signature)	Date

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