

# SCHOOL VERIFICATION OF STUDENT WITH A DISABILITY PRE-EMPLOYMENT TRANSITION SERVICES

Michigan Department of Labor and Economic Opportunity  
Michigan Rehabilitation Services

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

Michigan Rehabilitation Services (MRS) provides Pre-Employment Transition Services (Pre-ETS) as defined by the Workforce Innovation and Opportunity Act (WIOA), to students with disabilities who are eligible or potentially eligible for Vocational Rehabilitation (VR) services. A student with a disability is an individual who is at least 14 years old but less than 26 years old, who is enrolled in an educational program and who is regarded as an individual with a disability.

MRS, in coordination with the schools and other community partners, will make Pre-ETS available to students with disabilities who have a need for one or more of these services. The following information completed by school personnel is requested along with documentation of the student's disability.

## STUDENT INFORMATION

|                                                                                                                                                                                                    |  |            |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-----|
| Last Name                                                                                                                                                                                          |  | First Name |     |
| Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to self-identify                                                                      |  | Birth Date |     |
| Student's 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 |  |            |     |
| Student working toward <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate of Completion                                                                                         |  |            |     |

## SCHOOL VERIFICATION OF STUDENT AND DISABILITY STATUS

|                                                                                                                                                                                                                       |                |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|
| As a representative of the referring education agency representing the student, I verify that the above individual is a current student and is regarded as having a disability. Please indicate one of the following: |                |      |
| <input type="checkbox"/> Student is eligible for special education and has an active Individualized Education Plan (IEP) (attach copy of current IEP).                                                                |                |      |
| <input type="checkbox"/> Student has an active 504 Plan (attach copy of 504 plan).                                                                                                                                    |                |      |
| <input type="checkbox"/> Student is enrolled in secondary education and is regarded as having a disability and does not have a 504 Plan or an IEP (attach disability documentation if available).                     |                |      |
| <input type="checkbox"/> Student has a disability and is accepted or enrolled in a postsecondary education program receiving supports through the Disability Support Office (attach disability information).          |                |      |
| School                                                                                                                                                                                                                | Contact Number |      |
| School Representative Name and Title                                                                                                                                                                                  | Signature      | Date |

The Michigan Department of Labor and Economic Opportunity (LEO) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.