GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

Andrew Reese, Director
One Independence Square
250 E Street, SW, Washington, DC 20024
202.730.1700 | www.dds.dc.gov

LIFE. YOUR WAY.

Overview of Pre-Employment Transition Services in Washington, DC

DC Department on Disability Services (DDS), Rehabilitation Services Administration (RSA)

RSA Youth in Transition Program

The Workforce Innovation and Opportunity Act (WIOA) requires state vocational rehabilitation agencies to set aside 15% of their federal funds to provide Pre-Employment Transition Services (Pre-ETS) to students with disabilities to prepare them for competitive and integrated employment. This is a great opportunity to ensure students have access to meaningful career planning to help with the seamless movement from high school to employment or post-secondary training.

What are Pre-Employment Transition Services?

Pre-employment transition services (Pre-ETS) help students with disabilities learn about their strengths, needs, and work preferences while understanding job requirements and practicing relevant skills. Pre-ETS also allow students to explore various career and job training options to help them choose a career that may be further pursued through vocational rehabilitation.

The five core services of Pre-ETS are:

1. **Job Exploration Counseling**
2. **Work-Based Learning Experiences**
3. **Counseling on Postsecondary Education Options**
4. **Workplace Readiness Training**
5. **Instruction in Self-Advocacy**

To request Pre-ETS for your student, please complete the attached Pre-ETS Participation Form. Email the completed Pre-ETS form and supporting documentation (IEP/504 plan) to RSA.Transition@dc.gov.

STUDENTS ARE ENCOURAGED, BUT NOT REQUIRED, TO INCLUDE COPIES OF IEPS, 504 PLANS, EVALUATION REPORTS, MEDICAL RECORDS CONFIRMING A QUALIFYING DISABILITY WITH REQUEST.

If you need assistance collecting any of the school records or supporting documentation mentioned above, please contact your Local Education Agency or Special Education Coordinator at your school.

Visit the DDS website for more information: **https://dds.dc.gov/page/youth-transition-programs**

Want to learn more about Pre-ETS? **Visit https://transitionta.org/topics/pre-ets/**

LIFE. YOUR WAY.

Pre-Employment Transition Services (Pre-ETS) Participation Form

Rehabilitation Services Administration (RSA)

Student Information

Student Name: _____ USI Number: _____

Date of Birth: _____ *Social Security Number: _____-_____-_____

Student Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Other Phone: _____ TTY: _____

Current School: _____ Grade Level: _____

Enrollment Date/First 9th grade year: _____ Expected Graduation Date: _____

Gender:

☐ Male ☐ Female ☐ Prefer not to answer

Race: (Check all that apply)

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ White

☐ Native Hawaiian/Other Pacific Islander

Ethnicity:

☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Student Language Preference:

☐ English ☐ Spanish ☐ Amharic ☐ Vietnamese ☐ ASL ☐ Other _____

Contacts (required if a student is under 18 years old):

Parent/Guardian Name(s): _____

Phone: _____ Email: _____

Secondary Phone: _____

Parent Language Preference:

☐ English ☐ Spanish ☐ Amharic ☐ Vietnamese ☐ ASL ☐ Other _____

Social Security Number is required for participation in paid Work-Based Learning Experiences.

To be completed by an educator, 504 coordinator, or other licensed professional.

I, _____ verify that this student is a student at _____ and meets one of the following criteria:

Check one:

- ☐ Individual is a student with a disability and has a section 504 accommodation.
- ☐ Individual is a student with a disability and is receiving transition services under an Individualized Education Program (IEP).
- ☐ Individual is a student with a disability who does not have a section 504 accommodation and is not receiving services under an IEP.

List student's qualifying disability: _____

Signature of *Qualified School Personnel: _____

Title of School Personnel: _____

*Special Education Teacher, Licensed School Psychologist, Special Education Coordinator, Transition Coordinator/Specialist

Referral Source:

☐ Secondary School/LEA	☐ Youth Build
☐ DC Center for Independent Living	☐ Job Corps
☐ Developmental Disability Administration	☐ Post-secondary Education Institution
☐ Service Providers	☐ Self-referral, Friends, Family

REQUEST FOR PRE-EMPLOYMENT TRANSITION SERVICES

I am requesting pre-employment transition services.

I understand that:

- Pre-employment transition services are not traditional vocational rehabilitation services.
- Participating in pre-employment transition services does not qualify me for vocational rehabilitation services, because the eligibility criteria are different.
- Pre-employment transition services are limited services that RSA can provide to a student with a disability.
- A student with a disability[1] is someone who:
    1. Has a disability.
    2. Is at least 14 years old and has not turned 22 years old.
    3. Is currently attending or enrolled in an educational program. This includes secondary education, non-traditional or alternative secondary education, including home schooling, post-secondary education programs, college, or institutions of higher education.
    4. Has not graduated, completed, exited, or withdrawn from their educational program.

[1] Formal definitions of a student with a disability can be found at 29 DCMR § 199 or 34 CFR § 361.5(c)(51).

WHAT SERVICES ARE YOU INTERESTED IN LEARNING MORE ABOUT? (check all that apply)

- ☐ **Job Exploration Counseling**: I'd like to learn about in-demand jobs and what jobs might be the best fit for me.
- ☐ **Work-based Learning Experiences**: I'd like to learn how to gain experience at a worksite.
- ☐ **Counseling on Postsecondary Options:** I'd like to learn about ways to explore training options after high school.
- ☐ **Workplace Readiness Training:** I'd like to learn about soft skills and life skills needed at a job.
- ☐ **Self-Advocacy Instruction:** I'd like to learn about my rights, accommodations, and how to advocate for myself.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(*required if a student is under 18 years old*)

Guardian Signature: _____ Date: _____

Supporting Documentation Attached: (Check all that apply)

- ☐ Individualized Education Program (IEP) / PSSP IEP Snapshot
- ☐ SSA Beneficiary Award Letter
- ☐ School Psychological Assessment
- ☐ Documentation of a Diagnosis or Disability Determination
- ☐ Documentation Relating to 504 Accommodation(s)

Email Pre-ETS Participation form and supporting documentation to
RSA.Transition@dc.gov