



Pre-ETS WORKS-Erie  
Application for Participation

Student Name: \_\_\_\_\_

First Last Middle Initial

School Attended: \_\_\_\_\_ District: \_\_\_\_\_

Transition Coordinator/Teacher contact: \_\_\_\_\_

Home Address: \_\_\_\_\_

# Street City State Zip

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Contact Information: Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Is Student diagnosed with a disability? Yes No

Does the Student have now or ever had in the past?

IEP  504 plan  Health Care plan

Is Student enrolled with any agencies: Yes No

If yes, list agencies: \_\_\_\_\_

Major area of interest:  Job Exploration Counselling  Work Based Learning Experience  
 Workplace Readiness Training  Post-Secondary Education Counselling  
 Self-Advocacy Training

What is the Student's goal for Employment / Post-Secondary Education?

\_\_\_\_\_

Reason for participating in project: \_\_\_\_\_

\_\_\_\_\_

I would like to apply for Pre-Employment Transition Services administered by Pre-ETS WORKS:

\_\_\_\_\_

Student Signature Date Parent/Guardian Signature Date

Social Security Number \_\_\_\_\_

Student Race/Ethnicity: Asian Black or African American American Indian  
Alaskan Native White Native Hawaiian or Other Pacific Islander Other  
Hispanic or Latino Non-Hispanic or Latino