



Your Success. Our Commitment.

82 Washington Street Suite 209
Poughkeepsie, NY 12601

SMART Pre-ETS Student Referral Form

To be completed by Student/Parent or Guardian

Student Name: _____	DOB: _____	Age: _____
*Social Security Number: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> _____ (fill in the blank)	
School: _____	Grade: _____	
Parent/Guardian Name: _____	Home and/or Cell #: _____	
Address: _____ _____	Email: _____	
Are you a member of the LGBTQ community? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please specify your ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or American Indian <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other: _____		
Please select your eligibility. <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan		
Are you enrolled in supported services? <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	Do you have an active case with ACCES-VR? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Referral Source: _____	Phone: _____	Referral Date: _____
Referral Agency/School: _____		
What are your interests and activities? _____ _____ _____		
Pre-ETS Program will cover these topics: <ol style="list-style-type: none"> 1. Job Exploration Counseling 2. Counseling on Post-Secondary Opportunities for Students 3. Work Based Learning 4. Workplace Readiness 		

5. Self-Advocacy for Students
ALL STUDENTS ARE REQUIRED TO COMPLETE ALL ACTIVITIES

***Signature of Person Completing Form:** _____

To be completed by Guidance Counselor

Student Information

Is the student currently enrolled in school or any educational program? Yes No

School/Program Name: _____

Describe any challenges with Academics, behavior, and/or attendance.

What are the student's needs?

Are there any special concerns? _____

All potential clients please be aware that our questions on this referral form are designed to serve our clients with the best services available by our agency.

We respect and are sensitive to all race, gender, and cultures in our community.

We as an agency would never practice discrimination or bias on the grounds of race, sex, or cultural differences.



For Parent/Guardians

**SMART PRE-ETS PROGRAM PARENT CONSENT FORM /
CONFIDENTIALITY RELEASE STATEMENT**

I understand that this is not an application for services from Acces-VR. SMART Pre-ETS Program is committed to good privacy practices. SMART Pre-ETS Program requires access to personal information about you, which will be maintained by SMART Pre-ETS Program.

By signing this form, you are authorizing SMART Pre-ETS Program to access any personal information to determine eligibility to receive Pre-ETS services.

Please note that SMART Pre-ETS Program will continue to protect confidential information maintained about you from release to the public or other unauthorized parties.

I hereby give Smart Staffing Group permission to disclose information relating to my child to the Adult Center and Continuing Education Services-Vocational Rehabilitation (ACCES-VR), including disability information.

*Parent/Guardian Signature: _____ Date: _____

SMART Pre-ETS Program Supervisor
Signature: _____ Date: _____



For Guidance Counselor

CONFIDENTIALITY RELEASE STATEMENT

I, _____ give Smart Staffing Group permission to obtain the following school related information for student to be enrolled in the SMART Pre-ETS Program.

- Proof of student’s enrollment in an education program (school ID, report card, transcript, etc.)
- Proof of student’s disability (IEP or 504 Plan)

*Counselor Signature: _____

Date: _____

SMART Pre-ETS Program Supervisor
Signature: _____

Date: _____