



Pre-ETS Application/Release

Demographic Information

Student's Last Name: _____ First Name: _____

Middle Initial: _____ Student's SS#: _____

Parent's Last Name: _____ First Name: _____

Parent's Email: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Cell: _____ Email: _____

County of Residence: _____ Date of Birth: _____

Race: _____ Ethnicity: _____

Gender: _____ Primary Language: _____

Disability Information

Please list disability:

Primary: _____ Secondary: _____

School Information

School District you attend: _____

Current Grade/Year in school: _____

Name & Phone Number of Guidance Counselor:

Have you ever been employed?

Yes

No

If so, where: _____ When: _____



Consent To Share Documents

We understand that information about you and your health is personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your special authorization before we may use or disclose your protected health information for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed. Please read the information below carefully before signing this form. All information is kept private and confidential, only to be used and reviewed by BRIDGES and ACCES-VR. ACCES-VR is our funding source for this program. In order for your student to receive free services, we must gather this information.

Parent’s Signature:

I, _____, give permission for BRIDGES and
(Parent’s Signature)

their Pre-ETS team to share information about my student, his/her program and his/her progress in said program to NY State Education Department, and ACCES-VR in order to assist with Pre-ETS planning and coordination of services necessary to complete Pre-ETS activities. I understand that I may revoke this permission at any time, in writing, to BRIDGES.

Student’s Signature:

I, _____, give permission for BRIDGES and
(Student’s Signature)

their Pre-ETS team to share information about me, my program and my progress in said program to NY State Education Department, and ACCES-VR in order to assist with Pre-ETS planning and coordination of services necessary to complete Pre-ETS activities. I understand that I may revoke this permission at any time, in writing, to BRIDGES.

Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) authorization to obtain/release Information (including school records, disability information and status of ACCES-VR process:

I consent to the release of the following forms:

- IEP
- Healthcare Record
- School Transcript
- 504 Plan
- Other



I give permission to BRIDGES and ACCES-VR to access these documents.

Yes

No

I consent to share documents with BRIDGES and ACCES-VR.

Yes

No

I agree to be or for my student to be enrolled in BRIDGES Pre-ETS Program as well as to share service documentation to ACCES-VR and school district on progress and completion of services.

Accept

Do Not Accept

Please review this section. This allows for the student to participate in all Pre-ETS activities. All information is kept private and confidential, only to be used and reviewed by BRIDGES and ACCES-VR.

Parent's Signature:

I, _____, give permission for BRIDGES to
(Parent's Signature)

include my student's work, likeness and/or image on video recordings as part of the Pre-ETS Program. I understand that my child's name and any other personally identifiable information about my child will not appear on any of the submitted materials.

Yes

No

Student's Signature:

I, _____, give permission for BRIDGES to
(Student's Signature)

include my student work, likeness and/or image on video recordings as part of the Pre-ETS Program. I understand that my name and any other personally identifiable information about me will not appear on any of the submitted materials.

Yes

No



Program Services

Please select program your student is participating in:

In-School Program

Afterschool/Weekend Program

Summer Program

Career Exploration – a variety of professional activities to help students with job seeking skills.

Work Based Learning – an educational approach that uses the work place or real work to provide students with the knowledge and skills needed.

Work Readiness – commonly expected skills that employers seek from employees/transferable skills, soft skills and independent skills

Post-Secondary Education – learn individualized student strategies to support a smooth transition from high school to post-secondary education

Self-Advocacy – an individual’s ability to effectively communicate, convey, negotiate, or assert his/her own interest and/or desires

What would you like to attain from this program:

Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) authorization to obtain/release Information (including school records, disability information and status of ACCES-VR process:

I have read this form or had this form read to me and all of my questions about this form have been answered. By signing below, I acknowledge that I have read or had explained to me and accept all of the above.

_____ Date: _____
(Parent’s Signature)

_____ Date: _____
(Student’s Signature)