MVCC | Career Transition Program

Pre-ETS Intake Form

STUDENT INFORMATION (REQUIRED)

First Name: _____ Preferred: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (DOB): _____ Phone Number: _____

Email Address: _____ SSN: _____

School District Currently Enrolled: _____ Grade Level: _____

Race (Ethnicity): _____ Gender/Pronouns: _____

To receive program approval, please attach documentation of your diagnosis or special need with the application.
Student Has: (check one box)

☐ Current 504 Plan

☐ Current IEP

☐ Former 504 Plan

☐ Former IEP

☐ Other Medical Documentation

☐ Check box if you wish to allow a representative from the Pre-Employment Transition Services Program at Mohawk Valley Community College/OHM BOCES to attend committee of special education meetings.

Disability Diagnosis: _____

Food Allergies (N/A if none):_____

PARENT/LEGAL GUARDIAN INFORMATION
(Required if student is under 18)

First Name: _____ Last Name: _____

Address (if different from above): _____

Email Address: _____ Phone Number: _____

SIGNATURES

☐ I acknowledge that my child/self will be participating in the Career Transition Services at OHM BOCES and MVCC funded by Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR). This is not an application or consent for services from ACCES-VR. I agree to give ACCES-VR authorization to obtain/release information (including school records, disability information and status of ACCES-VR process) regarding my participation in the program.

☐ *Check box if you wish to opt out of having photos used for marketing including but not limited to brochure, poster, social media, and all related mediums.*

Student Signature: _____

Parent/Guardian Signature: _____ Date: _____