

Pre-ETS Job Exploration Referral

Items preferred prior to assessment:

- Part 1 of Discovery Booklet completed
- Medical/Psychological/School records if available

Student Name: _____ **Case Number:** _____

Phone number/email or best way to contact: _____

Authorized Representative name: _____

Authorized Representative contact information: _____

Primary Impairment: _____

Additional Impairments:

Reason for Referral:

- Job Shadow/Business Tour
- Interest Inventory
- Labor Market Info
- Other _____

Accommodations Needed:

- _____ Optimum time of day _____
- _____ Directions and content read to client _____
- _____ Interpreter or Translation Services _____
- _____ Technology access and usage _____
- _____ Other _____

Referring Specialist: _____

Date: _____

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| <p>To be completed by Evaluator:</p> <p>Exploration Scheduled _____</p> |
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