01/2023

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: _____

To be completed by Evaluator:

Exploration Scheduled _____