



NC Division of Vocational Rehabilitation School Information and Verification Form

Purpose: This form must be completed to be considered for Pre-Employment Transition Services (Pre-ETS). The information is used to verify whether the individual named here is a student with a disability who qualifies for Pre-ETS.

| Student's Name (Last, First, MI) | DVRS Client ID |
|----------------------------------|----------------|
| | |

| School Currently Attending |
|----------------------------|
| |

| Date of Birth | Current Grade Level |
|---------------|---------------------|
| | |

| Student with a Disability (Only One Selection): | | | |
|--|--|--|--|
| Individual is not a student with a disability. | | Individual is a student with a disability and has a 504 accommodation. | |
| Individual is a student with a disability, receiving services under an IEP. | | Individual is a student with a disability and does not have a 504 accommodation or IEP. | |

TO BE COMPLETED BY SCHOOL/EDUCATIONAL INSTITUTION

Verification of Student Status: By signing below, you verify that the student named above is enrolled in your school/educational institution or has been accepted for enrollment in the next term. You also verify that to the best of your knowledge, the information provided on this form is true and accurate and that the student is either a secondary student receiving IDEA services for a disability or that the student may be considered an individual with a disability under Section 504 of the Rehabilitation Act of 1973, as amended.

A school representative's signature is required to complete the Verification of Student status:

| Teacher/School Contact Person Name (print) | Phone | Email |
|--|-------|-------|
| | | |
| Teacher/School Contact Signature | | Date |
| | | |