# Pre-ETS Work Experience Student Information Form

DARS Counselors share this completed form with Pre-ETS WE Vendors when referring students for services.

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| I. Basic Student Information | | |
| ***Student’s Name:*** Click or tap here to enter text. | ***DARS PID #:*** Click or tap here to enter text. | |
| ***PE or VR Case Type:***   PE  VR | ***DARS Counselor:*** Click or tap here to enter text. | |
| ***DRS Field Office:*** Click or tap here to enter text. | ***Age:*** Click or tap here to enter text. | |
| ***School of Attendance:*** | School Name | |
| ***Educational Goal/Grade Level:*** | | 9th  10th  11th  12th  Special Education  Post-High School Graduate  Career/Tech Program (credential)  Other (pleaseexplain) | |
| ***Anticipated Diploma Type:*** | | Applied Studies  Standard  Advanced Studies | |
| ***Years Left to Exiting HS:*** Click or tap here to enter text. | | | |

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| II. Student’s SWE Plan | | | | | | | | |
| ***Desired Work Experience (select all that apply):*** | | | | Individual  Group | | | | |
| ***Please share the student’s desired begin and end date for the work experience:*** | | | | Click or tap here to enter text. | | | | |
| ***Please indicate when the student can work on the schedule below:*** | | | | | | | | |
| ***SUNDAY*** | ***MONDAY*** | ***TUESDAY*** | ***WEDNESDAY*** | | | ***THURSDAY*** | ***FRIDAY*** | ***SATURDAY*** |
| ***AM:*** Begin Time | ***AM:*** Begin Time | ***AM:*** Begin Time | ***AM:*** Begin Time | | | ***AM:*** Begin Time | ***AM:*** Begin Time | ***AM:*** Begin Time |
| ***PM:*** End Time | ***PM:*** End Time | ***PM:*** End Time | ***PM:*** End Time | | | ***PM:*** End Time | ***PM:*** End Time | ***PM:*** End Time |
| ***Will the student require a skills trainer for this work experience?***  Yes  No  Undecided | | | | | | | | |
| * **If ‘Yes’, is there a specific Pre-ETS Vendor in mind?** | | | | Click or tap here to enter text. | | | | |
| ***Is the student willing to participate in an UNPAID work experience (if needed)?***   Yes  No  Undecided | | | | | | | | | |
| ***Please describe student’s transportation availability and needs, including their level of independence, to get to a work experience:*** | | | | | Click or tap here to enter text. | | | | |

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| III. Work-Related Strengths, Preferences, Interests, and Needs | |
| ***Student’s work-related strengths, preferences, interests and needs (e.g. career clusters/industries, pathways, specific occupations):*** | Click or tap here to enter text. |
| ***Student’s previous work experience(s) if any:*** | Click or tap here to enter text. |
| ***Services the student needs prior to starting a work experience (e.g. AT training, benefits planning, etc.):*** | Click or tap here to enter text. |
| ***Considerations for job accommodations that a business may need to be aware of:*** | Click or tap here to enter text. |