

DEPARTMENT OF HUMAN SERVICES OFFICE OF REHABILITATION SERVICES 40 Fountain Street - Providence PL 02003

40 Fountain Street ~ Providence, RI 02903 401.421.7005 (V) ~ 401.421.7016 (TTY) ORS Use Region: Area: ORS-146 Rev. 10/2019

"Helping individuals with disabilities to choose, find and keep employment"

I am a student with a disability. I am registering for Pre-Employment Transition Services to help me

Registration for Pre-Employment Transition Services

explore careers and gain work-related skills. Middle Initial Last Name First Name Address City State Zip Telephone Number Social Security Number Alternate Phone Number Birth Date (Mo/Date/Year) Age M/F School Name **Expected Graduation Date** IEP ____ 504 ____ Student/Parent Email RACE (CHECK ALL THAT APPLY): ☐ White (Caucasian) ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Asian □ Native Hawaiian or Pacific Islander **ETHNICITY:** ☐ Yes, I am Hispanic or Latino ☐ No, I am not Hispanic or Latino Student Signature Date Parent Signature Date