

INFORMATION/INTAKE FORM
Pre-Employment Transition Services at Syracuse University

STUDENT INFORMATION (REQUIRED)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (DOB): _____ Phone Number: _____
(including area code)

Email Address: _____

Student Has: (Check One Box): Current 504 Plan Gender: _____
 Current IEP
 Used to have 504 Plan
 Used to have IEP
 Other documentation

Demographic Information

Race/Ethnicity: American Indian or Alaskan Native White
(Check all that Apply) Black/African American Asian
 Native Hawaiian or Other Pacific Islander

Do you identify as Hispanic/Latino? Yes or No

PARENT/LEGAL GUARDIAN'S NAME
(Required if Student is under 18)

First Name: _____ Last Name: _____

Phone Number: _____

Email Address: _____

I acknowledge that my child/self will be participating in the SU Pre-Employment Services (Pre-ETS), funded by ACCES-VR

Signature: _____

Date: _____

I acknowledge that in completing the request for Pre-Employment Transition Services, it is not an application or consent for services from ACCES-VR. I agree to give Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) authorization to obtain/release Information (including school records, disability information and status of ACCES-VR process) regarding my participation in the program.

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