



Bellefonte Area High School

830 East Bishop Street
Bellefonte, PA 16823
Telephone: (814) 355-4833 Fax: (814) 353-5320

Mr. Michael Fedisson, Principal
Mr. Daniel Park, Vice-Principal
Mrs. Rebecca Michaels, Vice-Principal

The Office of Vocational Rehabilitation (OVR) assists individuals with disabilities in exploring options for work and life after graduation. OVR has new services available that may benefit your son/daughter. These services, called Pre-Employment Transition Services, are designed to provide job exploration and other services, such as counseling and self-advocacy training, in the early stages of the transition process.

Your son/daughter will be provided the opportunity to participate in Pre-Employment Transition Services.

Pre-Employment Transition Services are available in a variety of methods and settings. They may include classroom instruction with a group of students to include topics such as workplace readiness, independent living skills, and self-advocacy. Job shadowing and work-based learning experiences may be available in the community with support from qualified community providers. These services will be reviewed in greater detail with you and your son/daughter to determine the appropriate service delivery method.

In order to request these services for your son/daughter, your school will facilitate these requests on your behalf. Personally identifiable information will be given to OVR and their contracted providers so that services can match the needs of your son/daughter. This information includes demographics, participation in an IEP or 504 plan, and information from the school district to facilitate the request. This will also allow OVR to be invited to IEP meetings to discuss additional services that may be available. All information will remain confidential and will not be shared with parties outside of OVR and its contracted providers. Consent allows these services to be requested through the duration of your son/daughter's high school program until graduation from Bellefonte Area School District.

I hereby authorize **Bellefonte Area School District** to release/obtain information to/from (Name of facility, agency, or person) _____ from the records of (Student's Name) _____, (Date of Birth) _____, for the purpose of participating in Pre-Employment Transition Services provided by the Office of Vocational Rehabilitation (OVR) and/or an OVR designated provider.

In order to facilitate the provision of these services I hereby authorize you to release the following information/records to OVR:

- The specific information to be disclosed is:
- Full name, Date of Birth, Race, Ethnicity
 - County of Residence
 - School district name and location
 - Education programming status (IEP, 504 Plan)

This consent will be in effect from _____ until _____ (projected graduation date)

I have been informed that I may revoke this authorization at any time by written, dated communication to the respective unit, except to the extent that action has been taken in reliance thereon. This form has been fully explained to me and I understand its content.

Signature of parent/guardian

Date of signature

OR

Date of parent/guardian verbal consent

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