

## Early Start to Supported Employment Student/Family Consent Form

**Student:**

**Date:**

We would like to participate in the Early Start to Supported Employment project.

We understand that this program provides vocational training and supported employment services to students enrolled in their last year of school. The services we receive will be developed by the family, the student, the school, and adult service agencies. If we have any questions about these services, we may contact the school principal and the student's teacher.

Expectations for our participation are:

- ☐ That work is a major post-school goal for the student and family.
- ☐ That the focus during the student's last school year will be on work activities and schedules outside the school environment, and may require adjustments to vacation and school schedules.
- ☐ That the family will make sure that eligibility for the Division of Developmental Disabilities (DDDS) and the Division of Vocational Rehabilitation (DVR) has been determined for the student.
- ☐ That the family will work closely with the school program, the agencies involved, and the adult service provider they select for supported employment services.

We understand that our participation is voluntary, and that we may also stop participating at any time. If this happens, it will not affect the student's participation in other school programs.

We understand that the giving of our consent is voluntary, and that we may request a meeting to discuss discontinuation of the program at any time. We both have been given a copy of this form.

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*Student Signature*

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*Parent/Guardian (Signature)*

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*Date*