

Maryland State Department of Education  
**Division of Rehabilitation Services**  
**Pre-ETS Initial Interview/Intake Checklist**

Name: \_\_\_\_\_ Referral ID: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Forms marked \*\*\* Require Consumer Signature and Date.  
If under 18 or attending High School, Consumer AND authorized representative must sign.

In meeting for the initial interview, include descriptions and discussion of the following:

☐ Review program, rehab process, available services, rights and responsibilities.

☐ Opening Doors to Employment Brochure

☐ Pre-Employment Transition Services (Pre-ETS) Fact Sheet

☐ Client Assistance Program (CAP) Brochure

☐ Informed Choice Brochure

☐ Notification Regarding Email Encryption/Confidential Portal

☐ \*\*\*DORS Intake Form (RS-1c) – review with applicant and provide copy.

☐ Reported disability/disabilities:

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☐ Identified supports:

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☐ Is student eligible for, receiving services from or in the custody of another funding source (e.g., DDA, BHA, DSS, DJS)? ☐ Yes ☐ No

If Yes, what agency and who is the contact?

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☐ Does consumer have existing medical documentation, assessments or IEP regarding their disability? ☐ Yes ☐ No If yes, request documentation.

☐ Requested Accommodations, if any:

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☐ **\*\*\*Request for Confidential Information (RS-2a) – list those completed:**

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☐ **\*\*\*Consent to Release Confidential Information (RS-2b) – list those completed:**

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☐ **\*\*\*Review, complete and sign Consent to Disclose to Service Providers (RS-2f).**

☐ **Education Setting Information:**

☐ Public School   ☐ MANSEF/Nonpublic School   ☐ Home Schooled  
☐ Residential Placement   ☐ GED or External Diploma Program   ☐ Post-secondary Education

Name of School: \_\_\_\_\_ Year of Exit: \_\_\_\_\_

If in high school, expected graduation track: ☐ Diploma   ☐ Certificate

☐ **Job Exploration Counseling Discussion:**

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**Additional Information:**

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☐ **Next Steps to Determine Qualification for Pre-ETS Program:**

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