



Dear Families,

We are excited to bring some great news to you! Your child has been selected to participate in Digitability's award-winning, work-ready training program. Digitability, in partnership with The Pennsylvania Office of Vocational Rehabilitation (OVR), will provide free workplace readiness training services to students in your child's classroom.

Your child will now have access to Digitability's world class training and will develop both marketable skills and the social and economical capacity for employment.

We ask that all families please complete the attached permission slip. All information collected related to each student will be treated as strictly confidential, and will not be shared with any individual or organization other than OVR. This information is used to ensure that OVR is in compliance with federal and state requirements, providing services to the population the funding is designated to serve (students with disabilities ages 14-21). Giving your child permission to participate in this program will not impact any benefits your child is receiving.

Digitability believes in the importance of parent involvement and creating a collaborative ecosystem to support our students. Digitability will be hosting online information sessions throughout the year to support parents during their child's transition planning. We will ask your school to send home notices as we schedule these info sessions.

Please feel free to visit the Digitability website at digitability.com to learn more about our program or subscribe to our newsletter, The Advocate at digitability.com/newsletter

Thank you for your advocacy! When you advocate for your child, you are advocating for children everywhere. We appreciate you!

Name _____

School: _____



pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF VOCATIONAL REHABILITATION

Release for Pre-Employment Transition Services

STUDENT INFORMATION					
*FIRST NAME		MI	*LAST NAME		*DATE OF BIRTH
*GRADE	*COUNTY OF RESIDENCE	*SCHOOL DISTRICT OF RESIDENCE	*EDUCATIONAL DISABILITY PROGRAMMING (select one) <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> None		
*ETHNICITY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Do not wish to disclose		*RACE <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		*GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to self-identify	
		<input type="checkbox"/> Hawaiian Native/Other <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Do not wish to disclose			
*MAILING ADDRESS			*CITY	*STATE PA	*ZIP CODE
PHONE NUMBER	PHONE TYPE <input type="checkbox"/> Voice <input type="checkbox"/> TDD <input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Msg.		E-MAIL ADDRESS		
RELEASE INFORMATION					
<p>I authorize _____ to release my information to the Office of Vocational Rehabilitation (OVR) for the purpose of my participation in Pre-Employment Transition Services, in accordance with the Rehabilitation Act of 1973, <i>as amended</i>, by the Workforce Innovation and Opportunities Act (WIOA) and its governing regulations.</p> <p>In order to facilitate the provision of these services I hereby authorize you to release the following information/records to OVR:</p> <p>THE SPECIFIC INFORMATION TO BE DISCLOSED IS:</p> <ul style="list-style-type: none"> • Full name, address, phone number, date of birth • School district name and location • Education programming status (IEP, 504 Plan) <p>I release the above entity that disclosed this information from any legal responsibility or liability for disclosure of the information to the extent that the information was used for its stated purposes.</p> <p>If student is under the age of 18, a parent or guardian signature is required.</p> <p>This authorization or a true and accurate copy of this authorization shall be considered valid until withdrawn in writing by my personal representative or me.</p> <ul style="list-style-type: none"> • If necessary to accommodate my needs, an alternative format of this authorization has been provided to me. 					
_____ Student Signature		_____ Date			
_____ Parent/Guardian Name (Print)		_____ Parent/Guardian Signature		_____ Date	
<ul style="list-style-type: none"> • A verbal consent requires two (2) witness signatures. I witness that parent/student (or responsible person) is unable to provide a signature at this time, but understands the nature of the release and freely gives his/her consent. 					
_____ Witness 1 Signature		_____ Date	_____ Witness 2 Signature		_____ Date