

Attachment K - Quarterly Report

School District:	Calendar Year:
School Name:	January – March <input type="checkbox"/> (Due by April 30 th)
Address:	April – June <input type="checkbox"/> (Due by July 31 st)
Address:	July – September <input type="checkbox"/> (Due by October 31 st)
City, State & Zip	October – December <input type="checkbox"/> (Due by January 31 st)

<u>Name</u>	<u>Year in School</u>	<u>Type of Disability</u>	<u>Type of PETS received</u>
Each Student with a Disability who Received Pre-Employment Transition Services	9- Freshman 10- Sophomore 11-Junior 12-Senior	1-Physical Disability 2-Blind/Low Vision 3-Deaf/Hard of Hearing 4-Emotional/Psychological 5-Learning Disability 6-Intellectual Disability 7-Multiple Disabilities	1- Job exploration counseling 2- Work-based learning 3-Counseling on enrollment in transition or postsecondary education 4-Workplace readiness training-social skills and independent living 5-Instruction in self-advocacy

Summary of Pre-Employment Transition Services provided during this quarter (attach additional explanation if necessary):

I have reviewed this information and attest it is accurate.

Authorized Signature for School District

Date

Printed name of person completing this form

Phone Number