Attachment K - Quarterly Report

School District:	Calendar Year:
School Name:	January – March ☐ (Due by April 30th)
Address:	April – June ☐ (Due by July 31st)
Address:	July – September ☐ (Due by October 31st)
City, State & Zip	October – December ☐ (Due by Januay 31st)

Name Each Student with a Disability who Received Pre-Employment Transition Services	**Year in School** 9- Freshman 10- Sophomore 11-Junior 12-Senior	**Type of Disability** 1-Physical Disability 2-Blind/Low Vision 3-Deaf/Hard of Hearing 4-Emotional/Psychological 5-Learning Disability 6-Intellectual Disability 7-Multiple Disabilities	**Type of PETS received** 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