



## Daim Ntawv Thov Yuav Muaj Feem Tau Txais Kev Pab POTENTIALLY ELIGIBLE (PE) REQUEST

Cov ntaub ntawv no raug sau raws li txoj cai uas tau muab los ntawm 34 CFR § 361.38 rau lub hom phiaj los pab txhawb kev pab cuam kev rov ua hauj lwm (VR). Raws li tau teev tseg hauv tsab cai no thiab Wis. Stat. § 47.02(7), txhua yam ntaub ntawv txog tus kheej raug khaws cia kom nruj me ntsis thiab tsuas yog muab tso tawm nrog kev pom zoo meej ntawm tus neeg siv los sis lawv tus sawv cev, los sis raws li txoj cai yuav tsum tau ua. Kev sau daim foos no yog pub dawb, tab sis tsis muab cov ntaub ntawv no tej zaum yuav ua rau kev pab cuam ncuaj sij hawm. Cov ntaub ntawv uas tau sau yuav siv rau kev tswj hwm ntawm VR qhov kev pab caum, kev sib koom tes hauv kev pab cuam, thiab lwm lub hom phiaj. Kev muab koj tus naj npawb Kev Ruaj Ntseg Sib (SSN) yog yeem; tsis muab nws tuaj yeem ua rau muaj kev ncuaj sij hawm hauv kev ua hauj lwm ntaub ntawv.

Lub Npe Siv Raws Cai	Lub Npe Ua Xav Tau	Tus Tsiag Ntawv Nruab Nrab
Lub Xeem Siv Raws Cai	Tus Social Security Naj Npawb - -	Hnub Yug
Chaw Nyob los yog PO Box		
Nroog	Xeev	Zip Code
Lub County Koj Nyob		
Lub county twg hauv Wisconsin uas koj xav tau txais cov kev pab?		
E-mail Chaw Nyob		
Xov Tooj		Xov Tooj Ntawm Tes (Cell Phone)
Koj puas tso cai rau DVR kaw lus rau hauv cov xov tooj uas muab teev saum toj no cia rau koj? <input type="checkbox"/> Tso cai <input type="checkbox"/> Tsis tso cai		
Koj yuav xav kom siv txoj kev twg hu los yog sau ntawv tuaj cuag koj? (tsuas kos rau ib qho xwb) <input type="checkbox"/> E-mail <input type="checkbox"/> Sau Ntawv Tuaj Rau Koj <input type="checkbox"/> Lwm Yam (Piav Kom Meej) _____ <input type="checkbox"/> Hu Xov Tooj <input type="checkbox"/> Cov ntawv nyeem		
<p>Puas muaj leej twg uas koj xav tau suav nrog nyob rau hauv kev teem caij rau lub sijhawm tuaj sib ntsib thaum qhov kev xa mus/daim ntawv thov kev pab cuam cov txheej txheem vim yog koj qhov kev xiam oob khab? Thov muab cov ntaub ntawv sib tiv tauj hauv qab no rau tus neeg.</p> <p>Tus Neeg Tiv Tauj Kev Teem Caij Lub Npe:                  Tus Neeg Tiv Tauj Kev Teem Caij Txoj Kev Sib Raug Zoo:                  Tus Neeg Tiv Tauj Kev Teem Caij Tus Xov Tooj:                  Tus Neeg Tiv Tauj Kev Teem Caij Tus E-mail:</p>		
<p>Kev Pab/Kev Pab Txhais Lus Txawv Teb Chaws (kos rau tas nrho cov kev pab uas koj xav tau rau qhov no)</p> <input type="checkbox"/> Kws Txhais Lus Piav Tes (ASL Interpreter) <input type="checkbox"/> Kaws Lus Cia Mloog (Audio Taped Communications) <input type="checkbox"/> Braille <input type="checkbox"/> Lus Hmoob <input type="checkbox"/> Ua Kom Tus Tsiag Ntawv Loj <input type="checkbox"/> Lwm Yam (Piav Kom Meej) _____ <input type="checkbox"/> Lus Mev <p>Cov Lus Xav Hais:</p>		
<p>Poj Niam/Txiv Neej</p> <input type="checkbox"/> Txiv Neej <input type="checkbox"/> Poj Niam <input type="checkbox"/> Tsis Muaj Poj Niam Los Yog Txiv Neej <input type="checkbox"/> Poj Niam Txiv Neej Sib Txawv <input type="checkbox"/> Tsis Yog Poj Niam Los Yog Txiv Neej <input type="checkbox"/> Txiv Neej Hloov Poj Niam Los <input type="checkbox"/> Poj Niam Hloov Ua Txiv Neej Los <input type="checkbox"/> Ob Tug Ntsuj Plig <input type="checkbox"/> Kuv haiv poj niam txiv neej tsis tau teev tseg <input type="checkbox"/> Xaiv Tsis Qhia		

Lo Lus Qhia Tus Neeg				
<input type="checkbox"/> Nws/Lwv/Lawv	<input type="checkbox"/> Nws	<input type="checkbox"/> Lawv	<input type="checkbox"/> Nws/Lawv	<input type="checkbox"/> Xaiv Tsis Teb
<input type="checkbox"/> Lwm Yam: _____				
Haiv Neeg (kos rau tas nrho cov haiv neeg uas siv tau rau koj)				
<input type="checkbox"/> Dawb	<input type="checkbox"/> Dub los yog African American		<input type="checkbox"/> Esxias	
<input type="checkbox"/> American Indian los yog Alaska Native		<input type="checkbox"/> Native Hawaiian los yog Other Pacific Islander		
Pawg Neeg – Koj puas yog Hispanic los yog Latino?				
<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog				
Tus me nyuam kawm ntawv xav paub ntiv txog cov Pre-ETS nram qab no:				
<input type="checkbox"/> Muab tswv yim pab txog kev nrhiav hauj lwm				
<input type="checkbox"/> Kev kawm kom paub hauj lwm				
<input type="checkbox"/> Kev cob qhia kom paub txog tej chaw ua hauj lwm kom paub txog kev fim neeg thiab nyob tau ib leeg tsis tos leej twg pab.				
<input type="checkbox"/> Lus qhia txog kev pab tswv yim rau tus kheej, nrog rau kev qhia txog kev npaj rau tus kheej thiab kev cob qhia los ntawm tej phooj ywg				
<input type="checkbox"/> Kev pab tswv yim txog kev rau npe mus kawm rau cov kev kawm ntawv qib siab/cov kev pab cuam txog kev kawm ntawv				
Ntawv qhia muaj tseeb txog kev muaj mob xiam oob qhab (yuav tsum tau muaj ntaub ntawv thiab muaj ntaub ntawv thov kom muab cov kev pab):				
<input type="checkbox"/> Me Nyuam Kawm Ntawv High School muaj ib daim IEP				
<input type="checkbox"/> Me Nyuam Kawm Ntawv High School muaj ib tus mob xiam oob qhab tab tsis muaj ib daim 504 plan los yog IEP				
<input type="checkbox"/> Me Nyuam Kawm Ntawv High School muaj ib daim 504 plan				
<input type="checkbox"/> Me Nyuam Kawm Ntawv Qib Siab (Postsecondary Student) muaj ib tus mob xiam oob qhab				
Tsev Kawm Ntawv Lub Npe:				
Tsev Kawm Ntawv Cheeb Tsam (District) Lub Npe:				

<b>Tus me nyuam kawm ntawv los yog tus muaj cai saib xyuas ua kom tiav Nqe Lus (Section) no</b>	
Qhov npe kos hauv qab no qhia muaj tseeb tias tau lus tso cai thiab/los yog npaj siab los mus koom rau hauv Pre-ETS cov kev pab.	
Tus Saib Xyuas Lub Npe (yog tsis tau muaj 18 xyoo los yog tsev txiav txim plaub ntug muab ib tug rau)	Tus Saib Xyuas Tus Xov Tooj
Tus Saib Xyuas Qhov Chaw Nyob (Nrog rau lub Chaw Khiav Hauj Lwm, Nroog, Xeev, & Zip Code)	
Tus Saib Xyuas Qhov E-mail Chaw Nyob	
<b>Tus Me Nyuam Kawm Ntawv Kos Npe (los yog Tus Saib Xyuas Kos Npe yog tsis tau muaj 18 xyoo los yog tsev txiav txim plaub ntug muab ib tug rau)</b>	<b>Hnub Kos Npe</b>

Section to be completed by referring educational agency- if applicable (Lub chaw khiav hauj lwm kawm ntawv uas ua ntawv xa mus ua kom tiav Nqe Lus (Section) no – yog muaj siv rau qhov no)	
Educational Agency Name	Educational Agency Phone
<p>As a representative of the referring educational agency identified above, I certify the following:</p> <ol style="list-style-type: none"> <li>1. All the information and statements provided in Section I are true and correct to the best of my knowledge.</li> <li>2. The existence and availability of documentation supporting items checked in the verification of disability section.</li> </ol>	
<b>Representative Name (Please Print)</b>	
<b>Representative Signature</b>	<b>Date Signed</b>

DWD yog ib tus tswv hauj lwm thiab muab kev pab muaj vaj huam sib luag rau sawv daws. Yog koj muaj ib tus mob xiam oob qhab tsis taus thiab xav tau kev pab rau daim ntawv no, thov hu rau 7-1-1 rau Wisconsin Relay Service. Thov hu rau Division of Vocational Rehabilitation ntawm (800) 442-3477 mus thov kom muab daim ntawv no kho ua lwm hom kom koj nyeem tau, nrog rau qhov kom muab txhais ua lwm hom lus.

DVR-18207-E-H (R. 08/2022) (T. 07/2019) | Division of Vocational Rehabilitation: Ib tus khub koom hauj lwm tseem ceeb ntawm American Job Center Network