

**Pre-Employment Transition Services: Documentation of Refusal for Youth
Known to be Seeking Subminimum Wage Employment**

DR 397F (NEW 01/17)

Last Name	First Name	Middle Initial
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Mailing Address

Birthdate (mm/dd/yyyy)	Email Address
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Parent/Guardian Name (If Applicable)

I Don't Want Services Because:

Briefly describe the refusal and reason for the youth's refusal of pre-employment transition services.

For more information on the requirements for transition services under the Individuals with Disabilities Education Act (IDEA), pre-employment transition services, and subminimum wage limitations for youth refer to 20 USC 1400 et seq., such as 20 USC 1414(d), 34 CFR 361.48, and 34 CFR 397.10 through 397.30.

Youth Signature: _____ Date: _____

Parent/Guardian Signature (If Applicable):
_____ Date: _____

Signature of the Department of Rehabilitation (DOR) Personnel Documenting Refusal:
_____ Date: _____

Phone Number: _____ Email Address: _____

Name and title of DOR personnel transmitting documentation to the youth:

Signature: _____ Date: _____

Method: Hand-delivered Faxed Mailed Emailed Other: _____

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FORM COMPLETION INSTRUCTIONS

In the event a youth or, as applicable, a youth's parent or guardian refuses, through informed choice, to participate in vocational rehabilitation services, including pre-employment transition services, the DOR must provide documentation of the refusal. The documentation of the refusal must be provided to the youth within **10 calendar days** of the refusal. (34 C.F.R § 397.10(a)(2) and (c)(2)(ii).)

PRIVACY STATEMENT**NOTICE TO INDIVIDUAL RECEIVING INFORMATION**

An individual has the right to inspect information maintained by the DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR staff listed on the form.

The DOR's Privacy Policy is online at www.dor.ca.gov.