

OMB Control No: 1230-0NEW
Expiration Date: XX/XX/20XX

Dear VR State Administrator, or designee,

The Center for Advancing Policy on Employment for Youth ([CAPE-Youth](#)) is conducting research on Pre-Employment Transition Services (Pre-ETS). The Center was created in 2019 by the United States Department of Labor Office of Disability Employment Policy and seeks to improve employment outcomes for youth and young adults with disabilities by helping states build capacity in their youth service delivery and workforce systems. CAPE-Youth is a collaboration between The Council of State Governments, the K. Lisa Yang and Hock E. Tan Institute on Employment and Disability at Cornell University, and the Transitions to Adulthood Center for Research at the University of Massachusetts Medical School.

As someone involved in delivering or designing Pre-ETS in your state, we invite you to participate in this questionnaire because you have both extensive knowledge of your programs, as well as general knowledge of the Pre-ETS policy implementation in your state.

The purpose of this research is to better understand Pre-ETS implementation across states, including strategies for delivering Pre-ETS, challenges encountered, and indicators for measuring success. This information will be used to help states effectively deliver Pre-ETS to various eligible populations of students with disabilities.

We will ask you to gather Pre-ETS quarterly reports to RSA or other internal agency records on Pre-ETS delivery in order to complete this questionnaire. To the extent that you collect this data, the questionnaire will ask for disability type of potentially eligible students and the number of students who completed Pre-ETS by each Pre-ETS and their disability type. The information gathered will be used to develop a report for CAPE-Youth that includes a summary of results and a discussion of the implications of results for future Pre-ETS policy and implementation. The report will be widely distributed to state agencies and policymakers and used for technical assistance. Your state agency and your name and identity will not be disclosed on public materials unless you give us express permission to do so. Your participation is voluntary, and if you agree to participate, you will complete a web questionnaire lasting no more than 30 minutes. For some questions, you may need to gather data or opinions from others in your agency to answer. You can exit the questionnaire and return to it at any time, and your answers will be saved. We would like you to complete this questionnaire by **(date)**.

Thank you in advance for your consideration to participate in our questionnaire. If you have any questions, please contact Dr. Marsha Ellison at Marsha.Ellison@umassmed.edu

You may opt out of this questionnaire by clicking this link < ADD OPT OUT LINK HERE> If we don't receive notification that you are opting out, we will follow up this letter with an email or phone call to you. Please click on the following link to start the questionnaire. <ADD LINK TO SURVEY HERE>

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Please refer to the attached fact sheet for more information.

Sincerely,

A handwritten signature in cursive script that reads "Marsha Ellison, Ph.D." The signature is written in black ink on a light-colored background.

Dr. Marsha Ellison
Associate Professor, Department of Psychiatry
University of Massachusetts Medical School