

Directions for Completing the 2026-2027 PECT Application Packet

1. **To be eligible for PECT, the student must meet the following criteria:**
 - a. Minimum of 16 years old by the first day of the 2026-2027 school year
 - b. Junior status or beyond
 - c. Appropriate behavior in school and in the community
 - d. Passing all classes
 - e. Acceptable attendance (10 or fewer absences per semester)
 - f. The desire to participate in the program

When referring a student(s) to the PECT program, the expectation is that the student is appropriate to work independently in a community-based training site.

2. **To access the 2026-2027 PECT Application Packet:**
 - a. www.sese.org
 - b. 'Program and Services' tab at the top of the screen
 - c. 'Learn More' under Additional Services
 - d. Scroll to the bottom of the page to find the Application Packet under Transition Services
 - e. You will need to print one copy of the packet for each student who is applying to the PECT program.
3. **Student and Parent/Guardian should be given:**
 - a. **The Parent/Guardian letter**
 - b. **PECT Program Description**
 - c. **Pre-Employment Transition Services (Pre-ETS) Intake (Spanish version available upon request)**
 - d. **The Request and Consent for Release of Records Form** - This form must be signed by the parent/guardian or student if over age 18 before the application can be processed.
4. **The student needs to complete:**
 - a. A letter of introduction
 - b. Obtain **two** letters of reference - will need to print two copies
5. **Complete PECT applications are due no later than Friday, April 3, 2026. Any applications received after this date will be considered for placement in the PECT program in January 2027.**

Complete packets may be turned in anytime before that date. A complete packet consists of: the application, consent for release of records form, and letter of introduction. The two letters of reference may be turned in with the packet or mailed directly to Jackie McDonald.
6. **Students who are currently in the PECT Program do not need to reapply.**
7. **Students will be interviewed for the PECT Program.** Please send me the student's names and times that it will be convenient for me to meet with them.



SOUTH EASTERN SPECIAL EDUCATION

Serving Clay, Crawford, Jasper, Lawrence, and Richland Counties
Kim Kessler, Director

500 S. Scott Ave. Newton, IL 62448
618-455-3396 FAX 618-455-3134

February 10, 2026

Dear Parent/Guardian:

A teacher from your student's high school has indicated that your student would be a good candidate for the **PECT program (Pre-Employment Career Training)** for the 2025-2026 school year. PECT is a training/placement program that helps to prepare students with disabilities for transition to employment and community participation during and after high school. PECT is offered through your local high school in conjunction with South Eastern Special Education (SESE) and the Division of Rehabilitation Services (DRS).

PECT is an application program and all steps in the application process must be completed in order to be found eligible for the program. The minimum requirements to consider eligibility are:

- 16 years of age
- Junior status
- Presence of a mental or physical disability and have an IEP
- Appropriate behavior in school and in the community
- Passing all classes and is on-track for graduation
- Acceptable attendance (10 or fewer absences per semester)
- The desire to participate in the program.

Each student receives a grade and high school credit for successfully participating in the PECT program. If your student currently has a job, that job may be used as their PECT placement if the employer is willing to participate in the PECT program. While in the PECT program, each student has responsibilities, such as completing PECT assignments, completing and submitting monthly PECT timesheets, and following the rules and regulations of the PECT program. Students may be removed from PECT for failure to follow these rules.

If your student is interested in participating in the PECT program, you must complete and sign the application and the Request and Consent for Release of Records. These forms will be sent home with your student. The paper application will be shredded when the application is received at DRS.

Applications are due by **Friday, April 3, 2026**. Any applications received after this date will be considered for placement in the PECT program in January 2026.

A representative from the Division of Rehabilitation Services will contact you for an appointment to complete the PECT application process. It is mandatory that you complete this appointment for your student to be in the PECT program. If you have any questions or concerns, please feel free to contact me at (618) 455-3396 ext 229, (618) 783-7303, or at jmcdonald@sese.org.

Sincerely,

Jackie McDonald,
Pre-Vocational Coordinator

South Eastern Special Education PECT Program

Job Description

Title: Pre-Employment Career Training Program

Department: Transition

Reports to: Pre-Vocational Coordinator

Job Summary

PECT is a hands-on training/placement program that prepares students with disabilities for transition to employment and community participation during and after high school. Students acquire not only good work habits, but also employable skills.

Summary of Essential Job Functions

While the goal of the PECT Program is to assist students to prepare and/or train for gainful employment after graduation, there are also other advantages for the student. These include, but are not limited to:

- Students gain practical, “hands-on” experience
- Students receive credit toward high school graduation
- Students receive assistance in developing desirable work habits and realistic career goals
- Students develop the social and personal skills needed to maintain successful employment
- Students become clients of the Department of Human Services/Division of Rehabilitation Services

Minimum Requirements

Based upon the following criteria, the Department of Rehabilitation Services determines who is eligible for the PECT Program. The basic requirements are:

- Minimum age of 16 and junior status
- Presence of a physical or mental disability
- Appropriate behavior in school and in the community

- Passing all classes
- Acceptable attendance (10 or fewer absences per semester)
- The desire to participate in the program

Abilities Required

The PECT Program consists of two components. The first component is a classroom course in which the student is taught vocational skills. Emphasis is placed on the acquisition of employable job skills.

The second component is the employment of the student. While the focus is on learning employable skills, consideration is given to placing a student in a field related to his/her interests and abilities as much as possible. Job-sites may be either on-campus or in the community. Students may also secure their own jobs and be paid through their employer.

Disclaimer

The PECT Program is an application program. Upon acceptance into the PECT Program, the student and his/her parent/guardian sign a contract agreeing to follow the rules and regulations of the program. Failure to follow the stated rules may result in termination from the PECT Program.

Additional Information

Pre-Vocational Coordinator	Jackie McDonald
Address	South Eastern Special Education 500 S. Scott Avenue Newton, IL 62448
Phone	(618) 455-3396 ext 229
Cell Phone	(618) 783-7303
Email	jmcdonald@sese.org
Website	www.sese.org



PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS) INTAKE

Program Name: _____

Personal Information

Last Name	First Name	Middle Name
Street	City	State
		Zip Code
Parent or Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Legal Guardian Name: _____		
Contact Information:		
Home Phone	Cell Phone	E-mail Address
Gender at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reporting		
Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino		
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		
Preferred Language: _____		
Disabilities: _____		

Education Information

Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School currently attending: _____	
Highest Grade Level Completed:	Enrolled in High School: <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Other (Check current year level) <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior
	Expected Graduation Date: _____
	Certification of Completion Date: _____
	High School Diploma or GED Date: _____
	Post-Secondary Education (no degree or certificate) _____ Number of Credit Hours: _____
Education and Support Services:	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> None <input type="checkbox"/> Other If other (list): _____

I am a student over the age of 18 or a parent who consents to participation in Pre-ETS.

Student Printed Name and Signature

Date:

Parent/Legal Guardian Printed Name and Signature

Date:

SOUTH EASTERN SPECIAL EDUCATION CONSENT FOR RELEASE OF INFORMATION - AUTHORIZATION

Student Name: _____ DOB: _____

Parent/Guardian Name: _____

I, _____ authorize

South Eastern Special Education
500 S. Scott Ave.
Newton, Illinois 62448

to release information to to obtain information from to exchange information with

Name/Agency: Department of Human Services Division of Rehabilitation Services

Address: 1112 South West Street

City: Olney State: IL Zip Code: 62450

Phone: (618) 395-2147 Fax: _____

Information may consist of the following:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Grades | <input type="checkbox"/> Medical Information |
| <input checked="" type="checkbox"/> Health Records | <input type="checkbox"/> Mental Health Assessment |
| <input type="checkbox"/> Vocational Assessments | <input type="checkbox"/> Treatment Plan |
| <input checked="" type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Discharge Summary |
| <input checked="" type="checkbox"/> Social History | <input checked="" type="checkbox"/> Other: Supportive Services Reports |

The following has been explained to me and I understand that:

- ❖ Any information released or exchanged by either authorized person or organization is not to be disclosed without my consent in accordance with State and Federal regulations.
- ❖ I can revoke this consent at any time (in writing) except to the extent that action has already been taken.
- ❖ I have the right to inspect and to obtain a copy of the information to be released.
- ❖ Refusal to sign this release may result in delays, duplications and other problems that may affect the quality of services this agency provides.

This authorization expires on: _____ *not to exceed 365 days.

Date: _____

Student Signature (Signature of person 12 years or older required for release of Mental Health Materials)

Date: _____

Parent/Guardian Signature

Date: _____

Signature of Witness

NOTICE TO WHOMEVER DISCLOSURE IS MADE. THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. THESE LAWS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS.

Letter of Introduction

Date:

Mrs. Jackie McDonald
Pre-Vocational Coordinator
500 S. Scott Avenue
Newton, IL 62448

Dear Mrs. McDonald,

(Paragraph #1) - Tell me about yourself: name, grade at _____ High School, date of birth, and a brief history of your grades, attendance, and interesting classes you have enjoyed.

(Paragraph #2) - Tell me about your career goals. Explain what you would like to do after high school, what you are doing to accomplish your goals, why you are interested in the career(s), classes you are taking related to goals, etc.

(Paragraph #3) - Tell me about how your disability affects your schoolwork and school activities (ie; grades, relationships, assignments, projects, communication, time on tests, etc.) What supports have been tried by teachers or by you to help you succeed in school? Which of these accommodations and/or supports have worked best for you? Which of these accommodations and/or supports have not worked for you?

(Paragraph #4) - Tell me about your strengths. What strengths and needs do you think professionals should know about you as you enter the post-secondary education or work environment?

(Paragraph #5) - Tell me why you would like to be in the PECT Program.

Sincerely,

Your Name
Street Address
City, State, Zip
Phone Number

**Pre-Employment Career Training (PECT)
South Eastern Special Education
500 S. Scott Street
Newton, IL 62448**

Date: _____

To Whom It May Concern:

_____ has applied to the PECT Program and has given your name as a personal reference. It would be helpful to us if you would share your knowledge of the applicant by answering the following questions. All information will be kept confidential.

1. How long have you known this applicant and in what capacity?

- 2. Is this person dependable and trustworthy?
- 3. Does this person display initiative?
- 4. Would this person be an asset to a business?
- 5. How would you rate his/her work performance?

Excellent	Good	Fair	Poor

Please share any comments you have concerning this individual's abilities or why you believe he/she would be an asset. Thank you for your time in completing this form. Please return to: Jackie McDonald, South Eastern Special Education, 500 S. Scott St., Newton, IL 62448.

Evaluator's Name: _____

Evaluator's Phone: _____

Evaluator's E-Mail Address: _____