



\*Required Fields

**Student Information**

\*Name: \_\_\_\_\_ SS#: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender: \_\_\_\_\_ \*Disability Documentation: \_\_\_\_\_

\*Home address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*County: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*Name of School: \_\_\_\_\_

**Parent/Guardian Information (if applicable)**

Name: \_\_\_\_\_

Home Phone, if different from student: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Person Making Referral**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Accommodations for initial meeting with VR Staff:**

Do you require an American Sign Language interpreter?  Yes

Do you require an assistive listening device?  Yes

Do you require translated documents?  Yes

Do you require a foreign language interpreter?  Yes

Do you require any other accommodation for your disability?  Yes

If yes, please explain: \_\_\_\_\_

**\*Pre-Employment Transition Services Requested (Check all that apply)**

Job Exploration Counseling (includes skills, abilities, aptitudes, interest assessments)

Work Readiness Training (A 20 hour course that focuses on employability and work readiness skills)

Self-Advocacy Training (A two-part course that teaches students how to speak up for themselves and make decisions about their own lives)

Postsecondary Educational Counseling (provides an awareness of career pathway options with job and career information) \* Service is not currently available

Work-Based Learning Experiences (includes hands on training for employability skills; may be paid or non-paid)

