

Transition Referral Transmittal Form for In-School Youth

STUDENT DEMOGRAPHIC INFORMATION:

Date: _____

Student Name: Mr. Ms. _____

DOB: _____ Social Security Number: _____

Student Address: _____
Street City/State Zip Code

Parent/Legal Guardian Name/Address: #1 _____

Parent/Legal Guardian Name/Address: #2 _____

Home Phone #: (____) _____ Other Phone Number: _____

Grade Most Recently Completed: _____ Expected Year of Graduation: _____

STUDENT DIAGNOSTIC INFO:

Referral must include copies of:

- Current IEP and psychological report (including subtest scores and observations) _____
- or
- Current 504 Plan and supporting documents _____
- or
- Current Physician Report with diagnosis _____

AND Signed release of Information _____

CSE Classification, 504 or Medical Diagnosis: _____

Special Accommodations for Initial Interview: _____

REFERRAL SOURCE INFORMATION:

Name of Person Making Referral: _____ Title _____

School or Agency Referring: _____ Phone Number: _____

Email Address: _____

District BEDS CODE: _____ 0_0_0_0_

School District Student Resides In: _____

Name of School Contact to help arrange interview: _____

Location of Student during school days: Mornings _____ until _____

Afternoons _____ until _____

STUDENT PARTICIPATION:

I wish to apply for vocational rehabilitation services

Student Signature

Parent/Guardian Signature (If under 18 years old)

AUTHORIZATION FOR THE RELEASE**
OF EDUCATIONAL RECORDS

I, _____, authorize representatives of the _____
School District to release and discuss the educational records of _____

To the following:

List names and addresses of relevant agencies/individuals

_____	_____
_____	_____
_____	_____

I understand that these educational records are being released to assist in the planning and provision of transition services and include student testing, evaluations, etc.

_____ (list the nature of any other information to be released)

I further understand that, upon request, I have the right to inspect and receive a copy of any records sent in accordance with this release.

Parent/person in parental relationship to student over 18

Date _____

Relationship to student

I request that I be sent a copy of any educational records released pursuant to this release.

Yes

No

**This form does not authorize the release of a student's HIV status or any information involving a student's drug/alcohol use to the extent the school maintains a school based substances abuse programs. Separate forms will be required in such circumstances.

VESID Referral and Supporting Documentation

Does the Student have a disability?
 Is the disability a barrier to successful employment?
 Will VESID services result in an employment outcome?

VESID supports individuals whose disabilities impede vocational success.

<i>Person completing</i>	<i>Date Completed</i>	<i>Documentation to include:</i>
		<p><u>Essential Documents:</u> Completed/signed transmittal form Completed /signed Authorization to Release/Obtain Information Current IEP and Current Psychological (including subtest scores and observations), Of... Current 504 plan and supporting documentation, or... Current Physician report with diagnosis</p>
		<p><u>Important Documents:</u> Current update of related services: _____ OT report (if applicable) _____ PT report (if applicable) _____ Speech and Language report (if applicable) _____ Counseling report (if applicable) _____ Behavioral Support report (if applicable) _____ Vision Therapist Report (if applicable) _____ Deaf/Hearing Impaired Therapist Report (if applicable) _____ School Health Report (if applicable)</p>
		<p><u>Helpful Documents:</u> Current Transcript Current State Assessment results Current Guidance Plan</p>
		<p><u>If Available, Please Include These Documents:</u> Current Vocational Assessment results Level One Assessment Report Level two (if applicable) Level three (if applicable) Career Assessment reports Current and past employment/work experiences (supervisor reports and listed experiences) List of agencies providing support to the student</p>

Not all students who qualify for VESID services are educationally disabled. The following is a list of common areas considered for VESID Services:

Low Vision, Hearing Impairments, Deafness, Orthopedic Impairments, Carpal Tunnel Syndrome, Low Back Strain, Leg and Knee Problems, Neck and Shoulder limitations, Arthritis, Muscular Dystrophy, Multiple Sclerosis, Cerebral Palsy, Mental Retardation, Allergies and Asthma, Diabetes, Severe Learning Disabilities, Alcohol and Drug use (in remission and treatment), Mental Health (in treatment), Controlled Epilepsy, Digestive System conditions, Cardiac problems, Respiratory Issues, Speech Impediments

VESID College Contributions: Individuals seeking this support toward employment must be referred by: April 15 for fall semester and September 15 for the spring semester.

Student Name: _____ **DOB:** _____ **Date:** _____

District: _____

List of Disabilities common to VESID Services

Low Vision
Hearing Impairments
Deafness
Orthopedic Impairments
Carpal Tunnel Syndrome
Low Back Strain
Leg and Knee problems
Neck and Shoulder limitations
Arthritis
Muscular Dystrophy
Multiple Sclerosis
Cerebral Palsy
Mental Retardation
Allergies and Asthma
Diabetes
Learning Disabilities (severe)
Alcohol and Drug Use in remission
Mental Health, including Depression
Epilepsy controlled
Digestive System conditions
Cardiac problems
Respiratory issues
Speech Impediments
And many others

A referral to VESID can be made, with consent, by a family member, friend, medical consultant, or by the person with the disability. Needed for the referral are name, address, phone number, social security number and date of birth.

Junior and Senior High School students should be referred by school personnel.