Transition Notification
Referral for Vocational Rehabilitation Services

From: School _____

Address _____

_____

Phone _____

Responsible LEA Staff _____

To: Local Rehabilitation _____

Office _____

Address _____

Phone _____

ATTN: _____
(Counselor Name)

Student: Name _____

Address _____

Phone _____

Social Security # _____

Birth Date: _____

Expected Date to complete or exit school _____

Enclosed: Signed Release of Information: ..... Yes _____ No _____

Current IEP: ..... Yes _____ No _____

Current three year evaluation: ..... Yes _____ No _____

Recent psychological testing info (age 16 if possible): ..... Yes _____ No _____

CONSENT FOR REFERRAL/RELEASE OF INFORMATION

Below is the signature authorization for _____ to be referred for Vocational Rehabilitation Services. I hereby consent to the release of the information to be sent to Kansas Rehabilitation Services for vocational rehabilitation planning.

Signature of Student (if appropriate)_____Date_____

Signature of Parent/Legal Guardian_____*Date_____

*If signed by parent/legal guardian, please provide address and phone number if different than the student's.

Address: _____

Phone: _____

Please specify any accessible material format needed: _____

_____