

**TRANSITION REFERRAL COVER SHEET
FOR IN-SCHOOL YOUTH**

**THE STATE EDUCATION DEPARTMENT
Office of Adult Career and Continuing Education Services - VR**

Section I. Student Demographics Information	
Student's Name: <i>First Name</i> <i>Middle Initial</i> <i>Last Name</i>	Date of Birth (month/ day/ year): _____ / _____ / _____
Gender: () Male () Female	Age:
Grade Most Recently Completed: [] 7 th [] 8 th [] 9 th [] 10 th [] 11 th [] 12 th [] Unknown [] Non-graduate Secondary Special Ed	Expected Year of Graduation: Diploma Type: IEP GED Local Regents Attending BOCES: Yes No If yes, what program: () AM () PM
Section II. Student Diagnostic Information	
Identified Disability Known to School Staff:	
Accommodations Requested for Initial Interview:	
Primary Language or Mode of Communication:	
<p>I have attached all appropriate supporting documentation, including but not limited to:</p> <ul style="list-style-type: none"> - Current IEP, 504 or other educational accommodation plan - Psychological evaluations, psychiatric evaluations and/or other pertinent evaluations - Language proficiency scores - student medical and health screening - related service intervention reports - recommendations for special equipment, accommodations and/or behavioral supports - transcripts of courses and grades, cumulative to date - academic achievement testing - Level I, II or III vocational assessment reports - Work experience or work study progress reports - Career assessment portfolio - Mentor or work supervisor evaluations - Occupational education assessment reports - Attendance record - Other pertinent reports 	
Section III. Referral Source Information	
I am referring this student for an eligibility review and determination.	Today's Date:
Name of Person Making Referral (please print below):	Title:
Telephone Number:	E-mail:
School or Agency Referring:	
Any additional comments or information about special needs:	

The State Education Department (SED) does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender in the programs and activities operated by either department. Inquiries concerning this policy of equal opportunity and affirmative action as applied in ACCES VR should be referred to the NYSED Affirmative Action Officer, NYS Education Department, 89 Washington Avenue, Albany, NY 12234

Are you disabled because of a work-related injury?	Yes	No	Check the SSI SSDI benefit(s) you now receive Workers Compensation Other Do you regularly see a doctor or clinic about your disability? Yes No If 'Yes,' indicate date of last visit _____ Also, if you see <i>one or more</i> doctors or clinics about your disability, list in the box below their names and addresses.
Do you use any assistive devices or aids?	Yes	No	
Do you have a valid driver's license?	Yes	No	
Do you have access to a motor vehicle?	Yes	No	
Do you use public transportation?	Yes	No	
Are you able to leave your home?	Yes	No	
Name and address of doctor(s) and clinic(s)			

Circle the highest grade you have successfully completed, and check the applicable box(es)

1	2	3	4	5	6	7	8	9	10	11	12	GED, or High School Equivalency Diploma	Yes	No	13	14	15	16	17	20			
Elementary								High School						College	One or More Years in Graduate School		Doctorate						
Special Education												Yes	No	Do you now attend high school?				Yes	No	Indicate college degree(s) earned _____			

Name and address of school you last attended

List below other people in your household

Full Name	Age	Their Relationship to You

List below the person or persons ACCES-VR can contact in an emergency

Name	Address	Phone

List below your work history (include attachments, as necessary)

Employer Name and Address	Date Employed		Weekly Earnings	Job title and duties, and Reason for Leaving
	From	To		

All information will be kept confidential and is subject to verification

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Information Release Authorization

VES-21 (2/99)

Name: _____
Print full name

The Office of Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES VR) has my permission to release or obtain information from agencies [including the Client Assistance program (CAP)], individuals, or employers as are concerned with my vocational rehabilitation. This information may include reports about my physical or mental condition, official school records, facts necessary to determine my financial need, or other information that ACCES VR needs to determine my eligibility and to provide vocational rehabilitation services.

I understand that:

- All such information will be treated as confidential and privileged;
- The information will be used only for the purpose of obtaining services offered through ACCES VR;
- I can withdraw my permission to release or obtain information by writing to ACCES VR (this will not affect actions already taken with my permission); and
- ACCES VR may need to use the information to administer the vocational rehabilitation program

Signature

Date