# Department of Rehabilitation (DOR)

# Student Services Referral Form (2.2023)

## Contact and Service Information

CRP Agency Name:

DOR Student Services Requested (choose all that apply):

Job Exploration Counseling

Paid Student Work Experience

Postsecondary Counseling

Workplace Readiness Training

Self-Advocacy Training

Case Type:

Potentially Eligible (PE)  Vocational Rehabilitation (VR)

Please identify any auxiliary aids or supports the student may need to participate in services:

DOR QRP Name:

Student Name:

Student Phone:

Student Birthdate:

Parent / Guardian Name:

Parent / Guardian Phone:

School Name and Address:

Vocational areas or work sites of interest (include IPE Goal, if applicable):

## Student Scheduling Information

Student Availability (Example: Monday Mornings 8:00 a.m. – 10:00 a.m.)

**Check all that apply:**

### Mondays:

Mornings

Afternoons

Evenings

### Tuesdays:

Mornings

Afternoons

Evenings

### Wednesdays:

Mornings

Afternoons

Evenings

### Thursdays:

Mornings

Afternoons

Evenings

### Fridays:

Mornings

Afternoons

Evenings

Weekend availability, upcoming school breaks, vacations, etc.

## Pertinent Information / Significant Highlights (if applicable)

Vocational Training / Education:

Work History / Experience:

Mode of Transportation (travel restrictions, etc.):

Legal Issues:

Known Disabilities:

Functional Capacities / Limitations (include side-effects of medications):

Reasonable Accommodations (include medications):

Additional Information (e.g., primary language, specific supports needed, etc.):

## Areas to be Addressed (choose all that apply)

### Social Skills

Accepting Criticism  Interacting with Peers

Workplace Demeanor  Communication

Interacting with Supervisor / Authority

Other:

### Soft Skills

Hygiene  Grooming  Punctuality  Attendance

Destination (travel training)  Other:

### Cognitive Function

Memory  Learning  Planning

Organizational Skills  Following directions  Other:

### Work Activities

Work speed  Work Quality

Attention to task  Managing Time / Work Area

Professionalism  Problem Solving & Critical Thinking

Teamwork & Collaboration Skills  Other:

## Attachments Required:

Authorization for Non-Medical Services (DR297B)

Signed Consent to Release and Obtain Information) (DR260)

DOR Student Services Agreement (DR 205) or Individualized Plan for Employment (DR 215)

Work Permit / Application, for work-based learning experiences

## Optional Attachments

Disability Description and Documentation Records

Individualized Education Plan (IEP) or 504 Plan

Individualized Program Plan (IPP)

**NOTICE** This information is confidential. State law and regulations prohibit any further disclosure of this information without the informed, written consent of the person to whom this information pertains.