# 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.