Kansas Department for Children and Families Rehabilitation Services

## Transition Notification <br> Referral for Vocational Rehabilitation Services

From: School
Address
$\qquad$

Phone
$\qquad$

Responsible Local
Education Authority Staff $\qquad$
To: Local Rehabilitation Office $\qquad$
Address $\qquad$
Phone
ATTN: (Counselor Name)
$\qquad$
$\qquad$

Student: Name
Address
$\qquad$

Phone
Social Security Number
$\qquad$
$\qquad$

Birth Date
Expected Date to complete or exit school
$\qquad$
$\qquad$
$\qquad$

Notification Accompanied by:

- Signed release of information
- Current IEP
- Current Three year evaluation
- Psychological testing information as recent as age 16 if available.


## CONSENT FOR REFERRAL/RELEASE OF INFORMATION

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

Signature of Student $\qquad$ Date

* Signature of Parent/Legal Guardian (if appropriate) $\qquad$ Date $\qquad$
* If signed by parent/ legal guardian, please provide address and phone number if different than the student's.

Address: $\qquad$
Phone:
Reasonable accommodations needed: $\qquad$

