

Transition Notification
Referral for Vocational Rehabilitation Services

From:

School	Baldwin, Eudora, Wellsville High School (Circle One)
Address	
Phone	(785)
Responsible Local Education Authority Staff	Joshua Reynolds

To:

Local Rehab. Office	Kansas Rehabilitation Services
Address	1901 Delaware, P.O. Box 590, Lawrence, KS 66044-0590
Phone	(785) 832-3700
Attn: Counselor	

Student:

Name	
Address	
Phone	
SS#	
Birth Date	
Expected Date To Complete or Exit Services	

Notification Accompanied By:

- Signed Release (below)
- Current IEP
- Current 3-year evaluation
- Psychological testing information as recent as 16 if available
- Social Security Number (if not listed above, must be available for VR processing)

CONSENT FOR REFERRAL/RELEASE OF INFORMATION

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

For help with transition planning, please check below:

- I also give consent to ECKCE to invite my assigned vocational rehabilitation counselor to IEP meetings to help in planning transition services.

Signature of Student _____ Date _____

*Signature of Parent/Legal Guardian (if appropriate) _____ Date _____

Address _____

Phone _____

Reasonable accommodation needed (for written communication/phone contact/meetings). _____