

Secondary Transition Referral Form

Name: _____
(Last) (First) (Middle) (Preferred Name)

Gender: _____ Date of Birth: _____ Grade: _____

Home Address: _____ City: _____ State: AK Zip Code: _____

Mailing Address: _____ City: _____ State: AK Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

By signing this referral form, I am stating my interest in pursuing services from the Alaska Division of Vocational Rehabilitation. I understand that I must work with a DVR counselor to collect the information needed to complete the application/eligibility process.

Student Signature: _____ Date _____
(If participant is under 18, a parent or guardian signature is required.)

Parent/Guardian Name: _____ / _____ Date _____
(Printed) (Signature)

Teacher/Contact: _____ Phone: _____

High School: _____ Email: _____

- I am requesting a joint planning meeting with DVR to coordinate services for this student.
- The student or family requests that DVR contact them regarding services.

Comments: _____

Information accompanying this referral

Most recent ESER & IEP or 504 plan (if available)

Signed Release of Information (must accompany referral)

Helpful Information

- School transcripts, if appropriate
- Vocational assessment results, including functional vocational evaluation
- Information regarding a youth's prevocational and vocational activities through the school
- Other available assessments, plans or information as deemed appropriate

Additional information and DVR counselor contacts for your school can be found at:
<https://labor.alaska.gov/dvr/transition-landing.html>

