Alaska Division of Vocational Rehabilitation

Secondary Transition Referral Form

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

Gender: _____ Date of Birth: _____ Age: _____

Home Address: _____ City: _____State: AK_ Zip Code: _____

Mailing Address: _____ City: _____State: AK_ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____
(**Circle any that apply**) Voice / TDD / Fax / Cell / Msg. (**Circle any that apply**) Voice / TDD / Fax / Cell / Msg.

Email: _____

(The State of Alaska uses a secure e-mail system; however, DVR does not guarantee confidentiality of e-mail communication. By providing an e-mail address, you are authorizing DVR to correspond with you via e-mail.)

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 complete the application process and work with DVR to collect the information needed to determine eligibility for the program.

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

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

Case Manager / 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

- ☐ The most recent ESER & IEP or 504 plan (must accompany referral)
- ☐ Signed Release of Information (must accompany referral)

Other information to be provided upon request

- ☐ 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

Contact information for the DVR office serving your community can be found at: www.labor.alaska.gov/dvr/