**DRS Referral – Southwest Cook County Cooperative**

**All Information Must Be Filled Out/Supplied in Order to Process Referral**

|  |  |
| --- | --- |
| **Full Legal Name of Student** |  |
| **Student’s Attending School** |  |
| **Student’s Home School** |  |
| **Referred By** |  |
| **Referred By Email Address** |  |
| **Referred by Phone** |  |
| **Desired Program if applicable**  **(Jobs2, Jobs2TEP)** |  |
| **Current year in school at time of referral (sophomore, etc.)** |  |

**REQUIRED REFERRAL DOCUMENTATION – ALL listed must be submitted**

|  |
| --- |
| This Referral Packet |
| Parental Consent for Services Form |
| Authorization for Release/Exchange of Information Form |
| Entire IEP **AND** Eligibility with Transition Page (**DO NOT DOUBLESIDE PLEASE**) |
| Signed copy of Social Security Card (**make sure numbers are clear please**) |
| School Physical |
| Student Profile from Skyward, PowerSchool or Your Student Information System |
| School ID Copy |
| High School Transcripts |
| Social Records (from Social Worker) |
| Psychological Evaluation – Most Recent |
| Special Medical Information (such as psychiatric, neurological, etc.) |

Deliver completed referral packet and forms to:

Christine Ireland or Alisa Morgan, Transition Specialists

Southwest Cook County Cooperative

6020 W. 151st Street, Oak Forest, IL 60452

Questions: Call Chris at 708-342-5360 or Alisa at 708-687-0900 ext 138

Email cireland@swcccase.org or atomko-morgan@swcccase.org.

|  |  |
| --- | --- |
|  | **Each Box Below Must be Filled Out** |
| Student’s Legal Name |  |
| Sex (male or female) |  |
| Birth Date |  |
| Full Scale IQ |  |
| Grade Equivalents (1st, 2nd, 5th, etc) | Reading -  Math - |
| Student Resides with | (indicate if parent): |
| And full address |  |
| Parent Phone(s) |  |
| Parent Email (**must**) |  |
| Parent Requires  Translator/Interpreter? |  |
| If yes, what type |  |
| Parent(s) Full Names |  |
| Guardian if different |  |
| And relationship |  |
| If **dual notice** is required, provide full name and address |  |
| Please provide date on **one**: | Accepting diploma on:  Transferring to Transition or Jobs2 on: |
| Reason for referral |  |
| Student’s Vocational Goal |  |
| Student Strengths |  |
| Competitive Employment? Choose **One** please | Current  Previous  None |
| If current | Please provide employer, student job title, average # of hours per week and any comments such as struggles: |

**ELIGIBILITY CRITERIA - AREAS of WEAKNESS**

Please check the functional limitations (weaknesses) which will result in an impediment to employment. **Check all areas that apply.** **You *must* give details/examples for each box** **that is checked. Box will expand as you type.**

**MOBILITY**

\_\_ utilizing transportation

\_\_ traveling alone in unfamiliar places

\_\_ moving from place to place

\_\_ other – please specify:

|  |
| --- |
|  |

Details/examples of EACH checked above:

|  |
| --- |
|  |

**COMMUNICATION**

\_\_ talking/speaking

\_\_ hearing and understanding spoken language

\_\_ writing/printing short notes and communications

\_\_ reading and comprehending notes, signs, instructions

\_\_ other – please specify:

|  |
| --- |
|  |

Details/examples of EACH checked above:

|  |
| --- |
|  |

**SELF-CARE**

\_\_ managing daily schedule

\_\_ adjusting to changes in daily routine or new situations

\_\_ managing financial responsibilities

\_\_ assessing, recognizing, managing potential environmental hazards

\_\_ performing activities of daily living

\_\_ managing medical needs

\_\_ other – please specify:

|  |
| --- |
|  |

Details/examples of EACH checked above:

|  |
| --- |
|  |

**SELF-DIRECTION**

\_\_ maintaining schedules and routines

\_\_ following directions

\_\_ completing tasks

\_\_ identifying consequences of behavior

\_\_ working independently

\_\_ other – please specify:

|  |
| --- |
|  |

Details/examples of EACH checked above:

|  |
| --- |
|  |

**INTERPERSONAL SKILLS**

\_\_ demonstrating appropriate and acceptable social behavior

\_\_ establishing or maintaining positive relationships and/or interactions

\_\_ adjusting to disability related characteristics

\_\_ other – please specify:

|  |
| --- |
|  |

Details/examples of EACH checked above:

|  |
| --- |
|  |

**WORK TOLERANCE**

\_\_ leaving/missing work for medical treatment/problems

\_\_ working for an eight-hour day

\_\_ performing work requiring frequent lifting, carrying, pushing, pulling

\_\_ sitting/standing/walking for extended periods

\_\_ being adversely affected by changes in environment (heat, cold, etc.)

\_\_ other – please specify:

|  |
| --- |
|  |

Details/examples of EACH checked above:

|  |
| --- |
|  |

**WORK SKILLS**

\_\_ maintaining concentration and attention

\_\_ remembering, understanding, following oral or written instructions

\_\_ learning new tasks

\_\_ reading, spelling, math

\_\_ confirming to established work rules

\_\_ achieving expected productivity

\_\_ meeting deadlines

\_\_ following safety rules

\_\_ reporting to work on time, returning from breaks and lunch on time

\_\_ inability to transfer work skills

\_\_ other – please specify:

|  |
| --- |
|  |

Details/examples of EACH checked above:

|  |
| --- |
|  |