

Submission required by: December 1st of Student's Senior Year.

Student Information:

Name of Student:	
Referral for year:	Fall of 20
My goals for the future in the areas of: <ul style="list-style-type: none"> • Home Living • Community • Work/Employment • Education 	
Have you participated in any CTEC (Career And Technical Education Center) classes?	Yes or No: If yes, what classes have you taken in high school?
Date of Birth:	
Student ID #:	
Student Address:	
Student Phone #:	
Student Email:	
Parent Name:	
Parent Address:	
Parent Home Phone #:	
Parent Cell/Work Phone #:	
Parent Email:	

School Information:

Referring School:	
Referring Case Manager:	
Case Manager Work Phone #:	
Date of Most Current Evaluation:	Please attach evaluation if you are from outside the Rochester Public School District.
Annual IEP Meeting Date:	
BIP	Please attach most recent IEP/BIP if you are from outside the Rochester Public School District.
Primary/Secondary Disability	
Physical Interventions	Frequency: Access to seclusion needed? Yes or No
Residential Program Plan	Yes or No
Vocational Reports and Evaluations Completed	Yes or No
Rehabilitation Services application made?	Yes or No If yes, please list the following: Counselor Name: Phone#: Email:

Legal/Appointed Guardian Information: (if established)

Name:	
Phone #:	
Email:	

Residential Placement: (if applicable)

Name of Residential House:	
Address of House:	
Phone # of House:	
Contact Person:	
Contact Person's Phone #:	
Secondary Contact Number (if applicable):	
Contact's Email:	

Additional in Home Residential Services: (if applicable)

Name:	
Phone #:	
Email:	

County Social Worker: (if applicable)

Name:	
Phone #:	
Email:	

Mental Health Supports: (if applicable)

Name:	
Phone #:	
Email:	

Behavioral Supports: (if yes please explain)

Self-Injurious Behaviors:	Yes or No Explain:
Attention Inattentiveness:	Yes or No Explain:
Difficulty with Peer Relationships:	Yes or No Explain:
Verbal Interruptions:	Yes or No Explain:
Other Behavior Information	
Level of para support in class?	
Level of para support in the community?	

Medical Supports: (if applicable)

Name:	
Phone #:	
Email:	
Hospital Choice:	Olmsted Mayo Clinic Other:
Emergency Health Care Plan:	Yes or No
List School Administered Medications and Times:	
Seizures:	Yes or No
Seizure Plan:	Yes or No
Allergies:	Yes or No List:
Asthma:	Yes or No
Vision Concerns:	Yes or No
Hearing Concerns:	Yes or No
Previous Serious Illness:	Yes or No Explain:
Other Health Information:	

Community Information:

State ID Card:	Yes or No
ZIPS Certified:	Yes or No
Workforce Development:	Yes or No
District Worksites:	Example: Edison Work Site
Community Worksites:	List:
Agency Worksites:	List:
SEMCIL Connection:	Yes or No
Health Club Membership:	Yes or No Name:
Sports/Clubs:	List:

Any additional information you would like to share that may be beneficial to the intake team?

Notifications of program placement will be reported to each student's case manager. Intake decisions will be made by May 31st of student's junior year for early applicants and by January 1st of applicant's Senior Year for late applicants. Exceptions to the December applicant deadline must be approved by Rob Scripture, Transition Programming Administrator. Exception requests need to be emailed to, Deana Dontje - dedontje@rochesterschools.org by each student's case manager as soon as it is known the team would like to request for an extension. Information regarding extensions will be communicated to case managers.

