

Hinsdale District #86

DRS STEP Referral Information

Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Gender: Male Female Social Security # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ School: Hinsdale Central Hinsdale South Transition Center

Projected Graduation/Exit Date: _____

Expected Outcome: Competitive Employment Supported Employment 4-Year College

2-Year College Vocational Training Certificate

Phone: _____

Parent/Guardian 1:

Last Name: _____ First Name: _____

Phone: _____

Parent/Guardian 2:

Last Name: _____ First Name: _____

Phone: _____

Email Address: _____

Primary Disability: _____