

Kansas Department of Social and Vocational Rehabilitation Services

Transition Notification

Referral for Vocational Rehabilitation Services

FROM: School _____
Address _____
Phone _____
Educational Authority Staff _____

TO: KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ATTN: Cheyenne Kroeker Phone: 620-241-3802
115 East Euclid
McPherson, KS 67460

STUDENT: Name _____
Address _____
Social Security Number _____
Phone _____
Birth Date _____
Completion/Exit Date _____

NOTIFICATION ACCOMPANIED BY: Signed release of Information

Current IEP

Current Three Year Evaluation

Psychological testing information as recent as age 16 if available

CONSENT FOR REFERRAL/RELEASE OF INFORMATION

Below is the signature authorization for _____ to be referred for Vocational Rehabilitation Services. I hereby consent to the release of the information to be sent to Rehabilitation Services for Vocational Rehabilitation Planning.

Signature of Student: _____ Date: _____

*Signature of the Parent/Legal Guardian: _____ Date: _____

*If signed by Parent/Legal Guardian, please provide address and phone number if different than students.

Address: _____ Phone: _____

Reasonable accommodations needed: _____

