



1424 13th Avenue, Room 24
 Greeley, CO 80631
 (970) 348-1080 or 348-1081
 Fax (970) 348-1082
 SWAP Facilitator: Happy Miller
 SWAP Specialist: Shelly Wight

Student/Client _____ Today's Date _____
 Student ID _____ SS# _____ School/Out of School _____
 D.O.B. _____ Disability _____ Copy of Colorado ID: YES NO
 Address _____
 Phone # home _____ cell _____
 Parents' names _____
 Parent's phone # and Email _____
 Drop out -Graduate -GED _____ Projected Graduation Date _____
 Client Email _____ Current Grade _____

Referral Worksheet

Yes	No	
___	___	Does the student have a disability? [] requiring an IEP or [] defined under "504"?
___	___	Do you suspect the student may have a disability, but it has not yet been identified? <i>(DVR can evaluate suspected disabilities)</i>
___	___	Is the student at least 15 years old?
___	___	Has the student participated in vocational programs/classes? <i>(This is not required for a student to be eligible for SWAP)</i>
___	___	Is the student "job ready"?
___	___	Does the student plan on attending college or extended vocational training at this time?
___	___	Does the student need long term services or extensive training?
___	___	Does the student have on-going legal problems which would make job placement difficult?

Why would this program benefit this student? _____

Person completing referral _____
 Title/Position _____
 School/location _____
 Phone Number _____
 Best time to contact _____