

# Alaska Division of Vocational Rehabilitation Secondary Transition Referral Form

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Preferred Name)

Gender: \_\_\_\_ [F] \_\_\_\_ [M] Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
(Circle any that apply) Voice / TDD / Fax / Cell / Msg. (Circle any that apply) Voice / TDD / Fax / Cell / Msg.

E-Mail Address: \_\_\_\_\_  
*(The State of Alaska uses a secure e-mail system; however, DVR does not guarantee confidentiality of e-mail communication. By providing an e-mail address, you are authorizing DVR to correspond with you via e-mail.)*

By signing this referral form, I am stating my interest in pursuing services from the Alaska Division of Vocational Rehabilitation. I understand that I must complete the application process and work with DVR to collect the information needed to determine my eligibility for the program.

Student Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(If participate is under 18 a parent or guardian signature is required)*

Representative Name: \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature) (Printed)

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Teacher/Referring Party \_\_\_\_\_ Phone \_\_\_\_\_

High School \_\_\_\_\_ E-mail \_\_\_\_\_

- I am requesting a joint planning meeting with DVR to coordinate services for this student.  
 The student (family) will contact DVR to initiate services.

Comments: \_\_\_\_\_

## Information accompanying this referral:

- The most recent IEP / 504 plan (must accompany referral)
- Signed Release of Information (must accompany referral)

## Other information to be provided upon request:

- School transcripts, if appropriate
- Vocational assessment results, including functional vocational evaluation
- Information regarding a youth's prevocational and vocational activities through the school
- Other available assessments, plans or information as deemed appropriate