

# St. Lucie County Public Schools

Date \_\_\_\_\_ School \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

## Vocational Rehabilitation Referral Information

**Information needed to accompany a Vocational Rehabilitation Referral. This information must be presented to the intake counselor at the time of the referral.**

\_\_\_\_\_ 1. Any information attesting to the student's disability, medical records (to include any condition for which treatment is being received, medications), psychological records (to include definitive diagnoses, FSIQ, psychiatric records (with diagnoses treatment recommendations, medications)

\_\_\_\_\_ 2. Academic Records

\_\_\_\_\_ 3. Attendance Records

\_\_\_\_\_ 4. IEP

\_\_\_\_\_ 5. Any testing results

\_\_\_\_\_ 6. Contacts, especially if the student is not living at home

\_\_\_\_\_ 7. Other agency involvement

\_\_\_\_\_ 8. Any involvement in vocational training while in high school

**Number 1-5 must be in packet at the time of referral.** The other information will assist with the timeliness of the intake procedure.

**\*\*You must make sure you have a Consent for Mutual Exchange of Information signed before giving this information to Vocational Rehabilitation, and notify the parent of the information being supplied to Department of Vocational Rehabilitation.**

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