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| Massachusetts Commission for the Blind **VOCATIONAL REHABILITATION (VR) PROGRAM****Pre-Employment Transition Services****VISUALLY-IMPAIRED STUDENT REFERRAL**  |

To: MCB Vocational Rehabilitation Program *(see address on bottom of reverse side)*

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| **FROM** (School/vision services provider)**:** | **DATE:** |
| **SCHOOL CONTACT PERSON:** | **PHONE:** |
| **STUDENT’S LAST NAME:** | **FIRST NAME:** | **MIDDLE INITIAL:** | **DOB:**  | **SSN:** |
| **ADDRESS:** | **CITY:** | **ZIP:** | **PHONE:** | **E-MAIL:** |
| **PARENT/GUARDIAN’S NAME:** | **PHONE:** | **E-MAIL:** |
| **GENDER:**  | **RACE:**  |
| **STUDENT’S ANTICIPATED GRADUATION DATE:**  |

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| CHECK AND ATTACH COPIES OF THE FOLLOWING SCHOOL DOCUMENTS *(IF AVAILABLE)*[ ]  Eye/Medical Information [ ]  Transition Assessments[ ]  Current IEP/504 Plan [ ]  Release of Information  Is the student registered as legally blind (if known)? [ ]  Yes [ ]  No |
| Describe the student’s visual impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHECK ANY OTHER DISABILITY WHICH MAY IMPACT PLANNING: [ ]  Hearing Loss [ ]  Emotional [ ]  Physical/Orthopedic Limitations Disability [ ]  Speech/Communication Limitations [ ]  Cardio-Respiratory Limitations [ ]  Learning Disabilities [ ]  Other *(Describe)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| WHAT IS THE STUDENT’S EXPECTED POST-SECONDARY GOAL: FOR EMPLOYMENT? FOR TRAINING OR POST SECONDARY EDUCATION? |

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| DESCRIBE THIS STUDENT’S WORK EXPERIENCE *(If Any)* |

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| DOES THIS STUDENT HAVE ACCESS TO TRANSPORTATION?[ ]  No [ ] Yes *If yes, describe:*  |

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| Please enclose a copy of the IEP Transition Planning Form if possible. |
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**OTHER SERVICE PROVIDERS KNOWN TO BE ACTIVE WITH THIS STUDENT**

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RETURN TO: John Oliveira

 Massachusetts Commission for the Blind

 600 Washington Street

 Boston, MA 02111