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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