

Transition Notification
Referrals for Vocational Rehabilitation Services

From: School _____
Address _____
Phone _____
Responsible Local
Education Authority Staff _____

To: Local Rehabilitation Office **Dodge City SRS District Office**
Address **Department of Social and Rehabilitation Services**
1509 Ave P
Dodge City, KS 67801
Phone **(620) 227-8508 ext. 243**
ATTN: (Counselor Name) **Attn: Patricia Winger**

Student: Name _____
Address _____
Phone _____
Social Security Number _____
Birth Date _____
Expected Date to Complete
Or exit school _____

Notification Accompanied by:
* Signed release of information
* Current IEP
* Current three year evaluation
* Psychological testing information as recent as
age 16 if available

CONSENT FOR REFERRAL/RELEASE OF INFORMATION

Below is the signature authorization for _____ to be referred for Vocational
Rehabilitation Services. I hereby consent to the release of the information to be sent to Rehabilitation
Services for vocational rehabilitation planning.

Signature of Student _____ Date _____
*Signature of Parent/Legal Guardian (if appropriate) _____ Date _____

If signed by parent/legal guardian, please provide address and phone number if different than the student's:

Address: _____
Phone: _____
Reasonable accommodations needed: _____