Alaska Division of Vocational Rehabilitation

Secondary Transition Referral Form

Name: ____________________________________________________________________________________________

(Last)                                                  (First)                         (Middle)     (Preferred Name)

Gender: __________________    Date of Birth: _______________________ Age: ________________________

Home Address: _________________________________ City: _______________State: AK     Zip Code: _______

Mailing Address: ________________________________ City: _______________State: AK     Zip Code: _______

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

Email: ____________________________________________________________________________________________

(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 eligibility for the program.

Student Signature: _____________________________________________________________ Date _________

(If participant is under 18, a parent or guardian signature is required).

Parent/Guardian Name: ___________________________/____________________________ Date _________

(Printed)      (Signature)

Case Manager / Contact: _______________________________________________Phone: _________________

High School: _________________________________ Email: ________________________________________

☐ I am requesting a joint planning meeting with DVR to coordinate services for this student.

☐ The student or family requests that DVR contact them regarding services.

Comments: ________________________________________________________________________________

__________________________________________________________________________________________

Information accompanying this referral

☐ The most recent ESER & IEP or 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

Contact information for the DVR office serving your community can be found at: www.labor.alaska.gov/dvr/