

HIGH SCHOOL REFERRAL TO THE OFFICE OF VOCATIONAL REHABILITATION (OVR)

Student Name: _____ DOB: _____ Today's Date _____

Address: _____ SSN: _____

Parent/Guardian: _____ Telephone: _____ School District: _____

Support : _____ Learning Disability _____ Emotional Support _____ Life Skills Support _____ Autism Support
_____ Deaf/Hard of Hearing Support _____ Multiple Disabilities Support _____ Other accommodations

Current Reading Level: _____ Current Math Level: _____

Any other agencies from which the student receives services:

_____ Office of Intellectual Disability (formerly MR/DD)
Supports Coordinator: _____
_____ Agencies/Providers _____

Identify any courses/training that are planned with the student, such as:

_____ Community-Based Instruction _____ Vo Tech _____ Work Experience
_____ Sheltered Workshop _____ Prevocational Training _____ Other: _____

Expressed Vocational Interests: _____

Rate the student's:	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>
Attitude toward school:	_____	_____	_____	_____
Attendance:	_____	_____	_____	_____
Personal hygiene	_____	_____	_____	_____

Disability: (Cognitive, Intellectual Disability, Mental Health, Physical, Chemical dependency, Autism Spectrum, etc.)

Identify any support services the student is currently receiving:

_____ SSI/SSDI _____ Vision _____ Physical Therapy _____ Psychotherapy
_____ Speech/Language _____ Hearing _____ Occupational Therapy _____ other

Person Making This Referral: _____ Title: _____ Phone: _____

REQUESTED ATTACHMENTS (Copies of the most recent): IEP, Psychological Evaluation Report, Vocational Assessment Report (if available), Audiogram (if appropriate). Send completed referral form and any attachments to:

OVR Counselor: Jodie Hnatkovich

**OFFICE OF VOCATIONAL REHABILITATION
555 Walnut Street, 8th Floor, Harrisburg 17101 Phone 717-346-2779 Fax 717-783-7245**

Permission is granted for my child, _____ to meet with OVR Counselor.

Signature of Parent /Guardian / _____ date

Permission is granted to release the school records listed above to OVR.

Signature of Parent /Guardian / _____ date