Tulsa Public Schools

Referral to the Oklahoma Department of Rehabilitation Services (DRS) for Vocational Rehabilitation and Visual Services

Name of Child: _____ _____ _____ Student ID: _____
First Middle Last

Birthdate: _____ Age: _____ Grade: _____ Gender: _____ Building/Site: _____
Month/Day/Year

Parents: _____ _____ Phone (home): _____ Phone (work): _____
First Last

Address: _____ _____ _____ _____
Street Address/P.O. Box City State Zip

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION (OSDE FORM 11) needs to be completed and signed by the parent/guardian (or student if age 18 or older) prior to releasing this information in accordance with the Family Educational Rights and Privacy Act ()FERPA) and Individuals with Disabilities Education Act (IDEA). This referral form and a signed consent for release will be maintained in the student's special education records.

Disability(ies): _____

Describe Physical Limitations or Motor Impairments: _____

Date of Last Hearing Test/Screening: _____ Results: _____

Describe Hearing Problems: _____ Aids/Devices: _____

Date of Last Visual Test/Screening: _____ Results: _____

Describe Vision Problems: _____ Aids/Devices: _____

Work Habits: _____

Behavior Concerns: _____

Language/Communication: _____ Aids/Devices: _____

Other Limitations: _____

Intellectual/Cognitive Test, Score & Date: _____ _____ _____
Test Date Results

Achievement Test(s), Scores, and Date(s):
Test Date Results

Reading: _____ _____ _____

Math: _____ _____ _____

Written Language: _____ _____ _____

Name of Special Education Teacher: _____

Phone: _____ Email: _____ Date: _____

Signature of Special Education Teacher: _____

DRS VOCATIONAL REHABILITATION AND VISUAL SERVICES COUNSELOR USE ONLY

Date Referral Received: Application Date: Ineligibility Date:

Reason for Ineligibility: Plan Date:

Date IEP* Sent: VR/VS Counselor: Date:

*Individual Plan for Employment: