



Pre-Employment Transition Services Referral Form			
Name		Date	
DOB		SSN	
Gender		Race	
Ethnicity		Exp. date of graduation	
Address			
Phone			
Parent/Guardian			
Emergency contact			
Diagnosis			
Has this student been a previous Vocational Rehabilitation applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Does the student have?	<input type="checkbox"/> IEP <input type="checkbox"/> 504 plan <input type="checkbox"/> Neither (please provide documentation of disability)		
Please attach a copy of IEP, 504 plan or other documentation			
Please rate the student in the following areas: 1=no knowledge 10=expert level knowledge			
Job Exploration Counseling	1	2	3 4 5 6 7 8 9 10
Work-based Learning Experiences	1	2	3 4 5 6 7 8 9 10
Counseling on Post-secondary Education	1	2	3 4 5 6 7 8 9 10
Workplace Readiness Training	1	2	3 4 5 6 7 8 9 10
Self-advocacy/peer mentoring	1	2	3 4 5 6 7 8 9 10
Referral completed by			
Transition staff	Mary Hamlin, BCSC Transition Coordinator		