



Rod Blagojevich, Governor

Dr. Carol L. Adams, Secretary

DRS REFERRAL CHECKLIST

LEGAL NAME OF STUDENT (**PRINT**): _____

SOCIAL SECURITY NUMBER: _____

REFERRED BY: _____ SIGNATURE: _____

EMAIL ADDRESS: _____

REQUIRED DOCUMENTATION FOR REFERRAL:

1. _____ Referral to DRS Services (attach form)
2. _____ High School Transcripts
3. _____ Psychological Evaluation (high school within the last 3 years needs **FSIQ INCLUDED** or if updated grade school psych is used it must make reference to vocational programming)
4. _____ General Medical Report (high school entrance physical is acceptable)
5. _____ Multidisciplinary Conference Report which includes the recommendation for DRS referral and the **ENTIRE IEP with TRANSITION PAGE**
6. _____ Social Records (from Social Worker)
7. _____ Dean Reports, Nurse Reports, Teacher Reports
8. _____ Testing completed other than Psychological Evaluation
9. _____ Special Medical Information i.e., psychiatric, neurological, etc.
MENTAL ILLNESS REQUIRES PSYCHIATRIC REPORT
10. _____ **SIGNED** Copy of Social Security Card (numbers must be clear) **REQUIRED ITEM**

Referrals received without the above information cannot be processed and will be returned to the referral source. Please send copies (no originals) of information from school files. Thank you!

ADDRESS: **Gary Joseph Rainaldi, Transition Specialist**
Southwest Cooperative, 6020 West 151st Street
Oak Forest, IL 60452