



Rod Blagojevich, Governor

Dr. Carol L. Adams, Secretary

DRS SERVICES REFERRAL

Legal Name (**PRINT PLEASE**): _____
 Student's Social Security Number: _____ (include copy of signed card)
 Parent First and Last Name _____
 Guardian First and Last Name _____ Relationship _____
 Student Resides With: _____
 Address: _____ City: _____
 Zip Code: _____ Phone: _____ Birthdate: _____
 Student's Resident District: _____ Student Attends School/Program: _____
 Anticipated Year of Graduation: _____ FSIQ: _____
STUDENT WILL REMAIN WITH DISTRICT THROUGH 21 YEARS OF AGE? _____
 Primary Disability: _____ Secondary Disability: _____
 Reason for Referral: _____

Recommended Vocational Program: _____
 Student's Vocational Goal: _____
Parent/Guardian needs translator/interpreter _____ **TYPE:** _____
Student needs translator/interpreter _____ **TYPE:** _____

Indicate the student's strengths/weaknesses toward achieving this goal:

STRENGTH _____ **WEAKNESS** _____

WORK EXPERIENCE

	EMPLOYER	JOB TITLE	WAGE	START DATE	END DATE	REASON TERM.
PRESENT JOB						
PREVIOUS JOB						

Vocational courses student has taken: _____

Vocational interest or concerns of parent/guardian: _____

Other comments: _____

REFERRAL SOURCE SIGNATURE: _____

EMAIL ADDRESS: _____

REFERRAL DATE: _____

Address: Gary Joseph Rainaldi, Southwest Cooperative, 6020 West 151st Street, Oak Forest, IL 60452