



Pat Quinn, Governor

Michelle Saddler, Secretary

2011-2012 DRS REFERRAL CHECKLIST – Page 1 of 3 for Referral

LEGAL NAME OF STUDENT (refer to social security card): _____

SOCIAL SECURITY NUMBER: _____

REFERRED BY: _____ SIGNATURE: _____

EMAIL ADDRESS: _____

REQUIRED REFERRAL DOCUMENTATION: NO STAPLES ON ANY DOCS PLEASE

1. _____ DRS Referral Checklist (Page 1 of 3)
2. _____ DRS Services Referral (Page 2 of 3)
3. _____ DRS Referral Eligibility Criteria Areas of Weakness (Page 3 of 3)
4. _____ High School Transcripts
5. _____ Psychological Evaluation (high school psychological within the last 3 years needs **FSIQ INCLUDED** or if updated grade school psychological is used it must make reference to student's current functioning level)
6. _____ General Medical Report (high school entrance physical is acceptable)
7. _____ Multidisciplinary Conference Report which includes the recommendation for DRS referral and the **ENTIRE IEP with TRANSITION PAGE**
8. _____ Social Records (from Social Worker)
9. _____ Dean Reports, Nurse Reports, Teacher Reports
10. _____ Testing completed other than Psychological Evaluation
11. _____ Special Medical Information i.e., psychiatric, neurological, etc.
MENTAL ILLNESS REQUIRES PSYCHIATRIC REPORT
12. _____ **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, Southwest Cooperative Transition Site
14535 John Humphrey Drive, Orland Park, IL 60462 (708)873-1600**