

To: Gary Joseph Rainaldi, Transition Specialist
Re: **Job Coaching** Request for:

Name (Student must be DRS certified for this service)

Student Name: _____ is a DRS Client ___ Yes ___ No

Student's Home Phone: _____

Employer: _____ Supervisor: _____

Address: _____ City/Zip _____

Phone : _____

Is Student Referred to DRS Adult Services? ___ Yes ___ No

Job Description (include job analysis and hours student will work): _____

Transportation Will Be Provided By: _____

Job Coach Anticipated Start Date: _____

Anticipated Length of Job Coaching: _____

Instructions to Meet With Job Coach: _____

Additional Information/Special Needs: _____

Referring Teacher School/Program Phone Number Date

CURRENT IEP MUST BE INCLUDED WITH THIS REFERRAL

**MAIL TO: Gary Joseph Rainaldi, Transition Specialist
Southwest Cooperative, Transition Site
14535 John Humphrey Drive, Orland Park, IL 60462 (708) 873-1600**