

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

Name (Student must be DRS certified for this service)

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

Street Address _____ City _____

Zip Code _____ Home Phone _____

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

Times Available for Work _____

Job Interests and Student Limitations: _____

Preferred Location of Employment:

Transportation Will Be Provided by: _____

Will Job Coaching Be Needed Once Employed? ___ YES ___ NO

Anticipated Length of Job Coaching _____

Is Student Involved in a Summer Program? ___ YES ___ NO

Referring Teacher

Phone Number

School/Program

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**