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| **All Information Below is Optional but Helpful for Application** |
|  |
| ***Education Information to be completed by person making referral*** |
| Referral will be facilitated by including **one** **or more** of the following: [ ]  Current IEP and most recent psychological report [ ]  Current 504 Plan and supporting documents [ ]  Current Physician Report with diagnosis [ ]  Other Relevant Information |
| Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CSE Classification, 504 or Medical Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Most Recently Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Year of School Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Degree/Certificate Anticipated: [ ]  Regents [ ]  Local [ ]  CDOS [ ]  Skills & AchievementSchool District Student Resides In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Student Attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of person making referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Can Choose to Complete Following with ACCES-VR Counselor at First Meeting*** |
|  |
| ***Health, Residence & Work Questionnaire: To Be Completed By Student And Parent/Guardian***  |
| Do you have or have you ever had any of the following conditions? [ ]  ADHD [ ]  Depression [ ]  Intellectual Disability [ ]  Seizure Disorder[ ]  Allergies/Asthma [ ]  Diabetes [ ]  Kidney Disease [ ]  Skin Disease/Rash[ ]  Anxiety [ ]  Drug/Alcohol Abuse [ ]  Learning Disability [ ]  Speech/Language Disorder[ ]  Arthritis [ ]  Head Injury [ ]  Mental Illness [ ]  Stroke[ ]  Autism Spectrum [ ]  Hearing Loss [ ]  Muscular Dystrophy [ ]  Ulcers/Colitis/Crohn’s Disease[ ]  Cancer [ ]  Heart Disease [ ]  Orthopedic Limitations [ ]  Vision (not corrected by glasses)[ ]  Cerebral Palsy [ ]  HIV Related Diseases [ ]  Respiratory Disorder [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_List of Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Medical Insurance at Application:***[ ]  Medicaid [ ]  Medicare [ ]  Other Private [ ]  Private Through Employment [ ]  Workers Compensation [ ]  None***Living Arrangements at Application:***[ ]  Private Residence [ ]  Foster Care [ ]  Homeless [ ]  Community Residence [ ]  Halfway House [ ]  Substance Abuse Treatment Facility [ ]  Mental Health Facility [ ]  Correctional Facility [ ]  Other***Work Status at Application:***[ ]  Employed with a job coach [ ]  Employed on my own [ ]  Not presently employed |