

Transition Planning Services Notification

From : School _____
Address _____
Phone _____
Referring Teacher _____

To : Local Rehab. Office _____
Address _____
Phone _____
Attention: _____
Counselor Name _____

Student : Name: _____
Address _____
Phone _____
Social Security # _____
Birth Date _____ Expected Graduation Date _____

Accompanied by: Signed release of information
Current ETR/IEP

Consent for Referral/Release of Information

Below is the signature authorization for _____ to be referred for consideration of development of an Individual Transition Plan. I hereby consent to the release of the information to be sent to Kansas Rehabilitation Services for transition and/or vocational rehabilitation planning.

Signature of Parent/Legal Guardian Date

Signature of Student (if appropriate) Date

For agency use only:
Program Assigned _____ Transition _____ Counselor
_____ General _____