## PORTSMOUTH REGIONAL OFFICE REFERRAL TO NEW HAMPSHIRE VOCATIONAL REHABILITATION

210 Commerce Way Ste # 120 Portsmouth, NH 03801 + Phone: (603) 334-4480 Fax: (603) 427-6910

To be completed by school staff and used to provide information to NH Vocational Rehabilitation. This form can be emailed to: <u>Ellen.gagnon@doe.nh.gov</u> or via mail or fax.

This referral is for Transition Services which is defined in the federal status (20 U.S.C. 1401(30)) as a coordinated set of activities for a student with a disability, designed within an outcome-oriented process, and based upon the individual student's needs, which promotes movement from school to post-school activities.

► Has the family been informed of this referral? Yes No I ◄	
> Referred by	(School Staff)
Student:	Referral Date:
Student's Address:	
Phone:	Best time/period to meet with student:
Date of Birth:	Social Security #:
Date of Graduation/Exit:	Current Grade:
Name of parent/guardian:	
Address of parent/guardian (if d	lifferent):
Phone number of parent/guardia	an:
Parent/guardian e-mail:	
Student's disability(ies):	
Case Manager/Primary School	Contact:
Does student receive Social Sec	ance: YES NO Specify
<ul> <li>NEXT STEPS:</li> <li>Once referral sheet is receiv</li> <li>Student/family completes the to school personnel to be deeen student/family sends medice (IEP, psychological evaluat</li> <li>School arranges a meeting a such as meeting the VR officient of the statement of th</li></ul>	ved, the VR office will send initial paperwork to the parent/student. ne VR intake paperwork and returns it to NH Vocational Rehabilitation or

Note: Once a student is found eligible for NHVR services, the counselor will notify the school and at that time, the counselor should be added to the student's IEP/Transition Team list for future meetings.

Note: Pursuant to RSA 189:1-any parent or eligible student that has elected not to have directory information released must authorize the release of this information.