



SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY

4812 W. PFEIFFER ROAD

BARTONVILLE, IL 61607

www.SEAPCO.org

309.697.0880 309.697.0880 FAX

Parents/Guardian,

Your student has been referred to the Division of Rehabilitation Services (DRS) and SEAPCO's STEP Program. STEP (Secondary Transitional Experience Program) provides students with pre-vocational supports in Job Exploration Counseling; Work-Based Learning Experiences; Counseling on Post-Secondary Education; Workplace Readiness Training; and Instruction in Self-Advocacy. STEP is a work experience program that helps students with disabilities prepare to transition to employment and community participation during and after high school. Students learn to become productive, self-sufficient adults through a variety of STEP experiences. These experiences may include:

- Assisting students in developing desirable work habits and realistic career goals;
- Provide opportunities for students to explore careers;
- Offer meaningful work experiences through on-the-job placement;
- Encourage students to develop the social and personal skills needed to maintain successful employment and
- Job coaching; if needed

In order to start this process:

1. Complete the referral information and make sure their social security number is included & correct
2. Parent & student sign the referral form and release of information for records to be shared with DRS
3. Provide a copy of their birth certificate
4. Provide a copy of their most recent physical
5. Return all this information to your student's case manager at school

Once all of the paperwork is complete Todd Welton from the DRS office will call you to set up an appointment to discuss vocational plans/goals of your student. He will participate in yearly IEP conferences; help us plan for transition and can continue to provide supports for your student into adulthood.

If you have any questions or concerns, please contact me at jvanderheydt@seapco.org or 309-697-0880 x284. I look forward to working with you and your student!

Sincerely,

Jodie Vanderheydt LCSW

Transition Specialist
STEP Program Coordinator

Students who have work experience during high school are more likely to have a job and earn more money after they leave school.

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4812 W. Pfeiffer Road Bartonville, IL 61607

Phone: (309) 697-0880 Fax: (309) 697-0884

STATE OF ILLINOIS DEPARTMENT OF REHABILITATION SERVICES REFERRAL CONTACT

PLEASE COMPLETE ALL SECTIONS AND PROVIDE ACCURATE INFORMATION

Program:	<input checked="" type="checkbox"/> VR	<input type="checkbox"/> HSP	<input type="checkbox"/> TLP	<input type="checkbox"/> CSVH
Date:	_____ Method of Contact: _____			
Name: Last	_____	First	_____	Middle _____
DOB:	_____	Age:	_____	Sex: _____ SSN: _____ Current Grade: _____
Address:	_____			City/Zip: _____
Student Phone:	_____			County: _____ Student Email: _____
Parent/Guardian Name:	_____			Parent/Guardian Email: _____
Parent/Guardian Phone:	_____			Parent/Guardian Email: _____
Reported Disability: Primary:	_____			Secondary: _____
Reason for Referral:	Needs support obtaining and maintaining employment			
Referral Source:	_____			Other Means of Contact: _____
Employment Status (If applicable to program):	_____			
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Never Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student
SSDI Status:	_____			SSI Status: _____
<input type="checkbox"/> Applied For	<input type="checkbox"/> Receiving	<input type="checkbox"/> Denied	<input type="checkbox"/> Applied For	<input type="checkbox"/> Receiving <input type="checkbox"/> Denied
Case managers/parents please provide copies of...				
<input type="checkbox"/> Current IEP <input type="checkbox"/> Last re-evaluation <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Physical				
***** STUDENT AND PARENT***PLEASE SIGN BELOW *****				
<input type="checkbox"/> Yes, I hereby give consent (permission) for _____ to receive and participate in vocational rehabilitation services that will lead to work experience and employment potential. I have verified that all the information provided on this form is correct and required to participate in the STEP Vocational Program.				
Student signature:	_____			Date: _____
Parent signature:	_____			Date: _____

IMPORTANT: *Submission of this form must also accompany SEAPCO Permit to Release or Obtain Information (See below), Birth Certificate, and most recent physical exam.*

SUBMIT TO: *Jodie Vanderheydt
SEAPCO STEP Coordinator
4812 W. Pfeiffer Rd.
Bartonville, IL 61607
Email: jvanderheydt@seapco.org
Fax: 309-697-0884*

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PERMIT TO RELEASE OR OBTAIN INFORMATION

STUDENT'S LEGAL NAME: _____ DATE OF BIRTH: _____

STEP #1: PERSON COMPLETING FORM:

Name and/or District:		
Fax #:	Phone #:	Date of Request:

STEP #2: SELECT THE INFORMATION TO BE OBTAINED/RELEASED: (please check all that apply)

<input checked="" type="checkbox"/> Psychological	<input checked="" type="checkbox"/> Social Development	<input checked="" type="checkbox"/> IEP Eligibility	<input checked="" type="checkbox"/> Physical and/or Occupational Therapy
<input checked="" type="checkbox"/> Speech & Language	<input checked="" type="checkbox"/> Medical/Health	<input type="checkbox"/> Phone Consultation Only	<input type="checkbox"/> Other (please list):

STEP #3: OBTAIN RECORDS FROM: (please check one)

<input checked="" type="checkbox"/> SEAPCO
<input type="checkbox"/> School – Name: _____
Address/City/Zip: _____
<input type="checkbox"/> Other – Name: _____
Address/City/Zip: _____

STEP #4: RELEASE RECORDS TO:

X	Todd Welton Division of Rehabilitation Services (DRS) 1 Technology Plaza Suite 207 Peoria, IL 61602 Phone: 671-8763 Fax: 671-7746 Email: Todd.Welton@illinois.gov
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STEP #5: SIGNATURE(S)

I understand that I may review this information. I know that I may inspect and copy the records in my child's file and that I have the right to challenge the content of the file. Consent is valid for twelve (12) months from date of signature below.

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date
NOTE: Psychological Report requests ONLY, student's signature must be obtained (age 12 & up)	Student's Signature	Date