



SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY
4812 W. Pfeiffer Road Bartonville, IL 61607
Phone: (309) 697-0880 Fax: (309) 697-0884
STEP/DRS VOCATIONAL PROGRAM SERVICES REFERRAL

PLEASE COMPLETE ALL SECTIONS AND PROVIDE ACCURATE INFORMATION

Date: _____ Method of Contact: _____	
Name: Last _____ First _____ Middle _____	
DOB: _____ Age: _____ Sex: _____ SSN: _____ Highest Grade: _____	
Address: _____ City/Zip: _____	
Student Phone: _____ County: _____ Student Email: _____	
Parent/Guardian Name: _____ Parent/Guardian Email: _____	
Parent/Guardian Phone: _____	
Reported Disability: Primary: _____ Secondary: _____	
Reason for Referral: Needs support obtaining and maintaining employment.	
Referral Source: IEP Team	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: <input type="checkbox"/> Applied For <input type="checkbox"/> Receiving <input type="checkbox"/> Denied	SSI Status: <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*