



SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY

4812 W. Pfeiffer Road Bartonville, IL 61607

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

STATE OF ILLINOIS DEPARTMENT OF REHABILITATION SERVICES REFERRAL CONTACT

Referral and Consent Form

Name (Last):		(First):		(Middle):	
DOB:		Age:	Sex:	SSN:	
School:					
Current Grade:	Student Email:			Student Phone #:	
Address:			City:		Zip:
Guardian Name:					
Guardian #:			Guardian Email:		
Reported Disability on IEP (Primary):				OR <input type="checkbox"/> My student has a 504	
(Secondary):					
Is the student currently employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, where is the student employed?			
SSDI Status: <input type="checkbox"/> Applied for <input type="checkbox"/> Receiving <input type="checkbox"/> Denied <input type="checkbox"/> N/A			SSI Status: <input type="checkbox"/> Applied for <input type="checkbox"/> Receiving <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
STUDENT AND PARENT - PLEASE SIGN BELOW					
<input type="checkbox"/> Yes, I hereby give consent 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 PECT Vocational Program.					
Student Signature:				Date:	
Parent Signature:				Date:	
Required Documents:		Submission of this form must also accompany <input type="checkbox"/> Release of Information Form <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Most Recent Physical Exam <input type="checkbox"/> Current IEP - SEAPCO Transition Staff will obtain <input type="checkbox"/> Last Re-Evaluation - SEAPCO Transition Staff will obtain			



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Submit to:

Allison Borland

SEAPCO

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Bartonville, IL 61607

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