

Today's date: _____

Student Name: _____

DOB: _____

Expected year of graduation/completion:

Gender:

Previous VR applicant?

Yes

No

Social Security Number: _____

SSN Not available

Student email address: _____

Student mailing address: _____

Student residential address: _____

Residential Address is same as mailing address

Student phone number: _____

Cell phone

Parent or Guardian Name (specify if legal guardian): _____

Parent/Guardian email address: _____

Parent/Guardian phone number: _____

Cell phone

Emergency contact:

Emergency contact is same as parent/guardian

Name: _____

Email address: _____

Phone number: _____

Does student have IEP or 504? If so, which one? IEP or 504

If a student does not have an IEP or 504, what other documentation of disability will you provide?

Race (choose one):

White, Black, Native American, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Two or more races

Ethnicity (choose one): Hispanic or non-Hispanic

Student's Disability:

Choose all that apply (as listed on disability documentation):

- Autism Spectrum Disorder
- Blind/Low vision
- Cerebral palsy
- Cognitive disability, mild
- Cognitive disability, moderate
- Cognitive disability, severe
- Deaf/Hard of hearing
- Down syndrome
- Emotional disability, anxiety
- Emotional disability, depression
- Emotional disability, OCD
- Emotional disability, other
- Epilepsy/seizure disorder
- Fetal alcohol syndrome
- Language impairment
- Learning disorder
- Orthopedic disability
- Other Health Impairment (ADD/ADHD)
- Specific learning disability, math
- Learning disability, reading
- Specific learning disability, spelling/writing
- Speech impairment
- Tourette syndrome
- Traumatic Brain Injury
- Other (please specify):

If student is 18 or older, have student sign consents (if under 18, you should already have these from parent/guardian) including consent to release to parent.