

# Transition Planning Services Notification

**From :** School \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Referring Teacher \_\_\_\_\_

**To :** Local Rehab. Office \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Attention: \_\_\_\_\_  
Counselor Name \_\_\_\_\_

**Student :** Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Birth Date \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

**Accompanied by:** Signed release of information  
Current ETR/IEP

## Consent for Referral/Release of Information

Below is the signature authorization for \_\_\_\_\_ to be referred for consideration of development of an Individual Transition Plan. I hereby consent to the release of the information to be sent to Kansas Rehabilitation Services for transition and/or vocational rehabilitation planning.

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Student (if appropriate) \_\_\_\_\_ Date \_\_\_\_\_

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For agency use only:  
Program Assigned \_\_\_\_\_ Transition \_\_\_\_\_ Counselor  
\_\_\_\_\_ General \_\_\_\_\_