



## SWAP – DVR REFERRAL FORM

The following referral sheet has been developed to facilitate timely and appropriate referrals from local school districts to the School to Work Alliance (SWAP) and Division of Vocational Rehabilitation (DVR) programs.

Name	Date
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Referrals should be those students whose focus is shifting from educational (including pre-vocational services) to career path/vocational. DVR asks that students, prior to DVR referral, participate in various career exploration services. Please thoroughly address the following areas about the student’s pre-vocational services.

**Job shadowing experiences:**

- 1.
- 2.
- 3.

**Functional Vocational Evaluations completed (i.e. Ten Sigma, College in Colorado or Choices):**

**Paid or unpaid community work experiences:**

Employment Site	Contact Person	Phone Number	Outcome of Experience
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- 1.
- 2.
- 3.

**Tentative areas of vocational interest determined suitable through the exploration process:**

Student’s Mailing Address	
Phone Number	
Parent/Guardian Name (and phone number if different from above)	
Birthdate	Disability (ies)
School/Expected date student will exit school services	
Referral Source	Referral Phone