



## STUDENT SERVICES REQUEST

Student Last Name	First Name	Middle Initial		
Mailing Address	City	Zip Code	County	
Phone Number	Email Address			
Date of Birth (mm/dd/yyyy)	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Decline to State

Race (please check all that apply)	Ethnicity: Hispanic / Latino	
<input type="checkbox"/> White	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Black or African American		
<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Hawaiian		
<input type="checkbox"/> Samoan		
<input type="checkbox"/> Guamanian or Chamorro		
<input type="checkbox"/> Other Pacific Islander		
<input type="checkbox"/> Chinese		
<input type="checkbox"/> Korean		
<input type="checkbox"/> Asian Indian		
<input type="checkbox"/> Japanese		
<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Filipino		
<input type="checkbox"/> Laotian		
<input type="checkbox"/> Cambodian		
<input type="checkbox"/> Other Asian		
<input type="checkbox"/> Decline to State		

Please state the student's disability or reason for IEP/504 eligibility:	Documentation (please select one)	
	<input type="checkbox"/> IEP (provide a copy)	<input type="checkbox"/> Other (specify type and attach a copy if applicable)
	<input type="checkbox"/> 504 Plan (provide a copy)	
	<input type="checkbox"/> School Signature (see below)	

**Complete this section only if "School Signature" is selected:** I confirm that the student is enrolled in the school identified below and has a record of or is regarded as having the disability stated above.

Signature of School Official: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

School Name	School Address	<input type="checkbox"/> Secondary School
		<input type="checkbox"/> Postsecondary School

School Type	Expected Date of Graduation / Exit (mm/dd/yyyy)
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<input type="checkbox"/> Charter	
<input type="checkbox"/> Home School	
<input type="checkbox"/> GED Program	
<input type="checkbox"/> Vocational/Technical	
<input type="checkbox"/> College/University	
<input type="checkbox"/> Other	

Parent/Guardian/Conservator Last Name	First Name	Relationship
		<input type="checkbox"/> Parent
Phone Number	Email Address	<input type="checkbox"/> Guardian
		<input type="checkbox"/> Conservator

I give permission to school personnel to release this information to the Department of Rehabilitation. (20 U.S.C. 1232g(b) and 34 CFR 99.30 and 99.31.) I confirm that the student has documentation of or is regarded as having the disability stated above. I give consent for the student to participate in student services provided or arranged by the DOR, for as long as the student qualifies for such services.

Student Signature	Date Signed	Parent/Guardian/Conservator Signature	Date Signed
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### Form Purpose

This form is intended to request student services for potentially eligible students, in accordance with 34 CFR 361.48(a). Student services may include any of the following pre-employment transition services: job exploration counseling, work-based learning experiences, postsecondary enrollment counseling, work readiness training, and self-advocacy training. "Potentially eligible" students are defined as students with disabilities, ages 16 through 21, who have not yet applied or been found eligible for the vocational rehabilitation program. This is not an application for vocational rehabilitation services. Please go to the [online application](#) to access an application for vocational rehabilitation services.

### Form Completion Instructions

Complete this form to document that the student is currently enrolled in a recognized education program and is considered a student with a disability as defined in 34 CFR 361.5(c)(51). Parent/Guardian contact information and consent are required for students with disabilities who are less than 18 years of age and not an emancipated minor.

### Notice and Privacy Statement

The information requested on this form is necessary to correctly identify the individual as a student with a disability as defined in 34 CFR 361.5(c)(51), to provide authorization for the provision of pre-employment transition services, and to provide authorization for school personnel to release the information requested on this form to the DHS-DRS to coordinate, provide, or arrange student services in accordance with 29 USC sections 705(37) and 733 and 34 CFR parts 361.48(a) and 361.5(c)(51). Individuals should not provide any personal information on this form that is not requested.

The DHS-DRS has an [office locator](#). Select "Rehabilitation Services" and enter your county to find the office closest to you. The link is: <https://www.dhs.state.il.us/page.aspx?module=12&officetype=7>.