TLC/OUTCOMES

**PreETS Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Counselor Name:** | | | | |  | | | | | | | | **Date:** | |  | | | |
| **PreETS Program: Life After High School (LAHS)**       **Workplace Success (WS) WBLE)**  **Advocate Now!**      **Work Based Learning Experience** (**WBLE)** | | | | | | | | | | | | | | | | | | |
| **Thinking About the Future Now (TAFN)**       **Recognize Your Potential** **Job Exploration Services (JES)**  ***CONSUMER CONTACT INFORMATION*** | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | | **Age/DOB:** | | |  | | |
| **Address:** | |  | | | | | | | | | | | | | | | | |
| **City:** | |  | | | | | | | **State:** | | |  | | **Zip:** | |  | | |
| **Home phone:** | | | |  | | | | **Cell:** |  | | | | | **Email:** | | |  | |
| ***ALTERNATE CONTACT PERSON*** | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | **Relationship:** | | | |  | | | | **Phone:** | | |  |
| **Disability:** | | |  | | | | | | | | | | | | | | | |
| **Primary impact of disability:** | | | | | |  | | | | | | | | | | | | |
| **Does the consumer require any accommodations?** | | | | | | | | | |  | | | | | | | | |
| **High School** | | | | | | | | **Year Anticipated Graduation** | | | | | | | | | | |
| **School Track: Diploma:**       **Certificate:** | | | | | | | | | | | | | | | | | | |
| **Does consumer have volunteer experience? If yes, describe below:** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Does the consumer have work experience? If yes, describe below:** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Is the consumer currently on medication? If yes, what is the medication and how does it impact the consumer?** | | | | | | | | | | | | | | | | | | |
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| **Does the consumer have any medical/physical restrictions? Please identify:** | | | | | | | | | | | | | | | | | | |
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| **Please identify barriers (if any) to employment:** | | | | | | | | | | | | | | | | | | |
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| **What type of assistance/support will benefit the consumer to participate in program?** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Learning Style:**       **Visual**       **Auditory**       **Haptic** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Please provide any other information that you think will help us to assist your consumer:** *Please forward pertinent info/reports (such as psych eval, IEP, medical, info, A Purchase Order (PO) will be required to provide services.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **You may email, fax, or mail this form/information** to TLC/Outcomes. **Email is preferred.**  **Email**: [dors@ttlc.org](mailto:dors@ttlc.org) **Mail:** TLC/Outcomes, 1390 Piccard Drive, Suite 210, Rockville, MD 20850, **Fax:** 301-294-9209.  **For more information** contact Karen Morgret at (301) 294 – 9205 x 297 | | | | | | | | | | | | | | | | | | |
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