TLC/OUTCOMES

**PreETS Referral Form**

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| --- | --- | --- | --- |
| **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?** |
|       |
| **Does the consumer have any medical/physical restrictions? Please identify:** |
|       |
| **Please identify barriers (if any) to employment:** |
|       |
| **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 **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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