

## KY DEPARTMENT OF VOCATIONAL REHABILITATION

### Release of Confidential Information

Dear Parent:

The transition from high school to the adult world can be a complex and confusing time for many students, but especially for the student with a disability. The Department of Vocational Rehabilitation (DVR) is a state agency that assists eligible individuals with disabilities to identify and reach their employment goals. If your child has a disabling condition that might prevent them from training for, obtaining or maintaining employment, they may be eligible for our services. We would like the opportunity to speak with him/her and see if we can help him/her make a smooth transition from high school to the world of work.

Following is a survey designed to help us identify students who may be eligible for our program. It looks specifically at how your son or daughter is functioning and how the disability might impact him/her. If your child is under the age of 18, we ask that you sign below, giving your permission for us to survey your child, review the results and if appropriate, speak with your child to gather more information.

All information obtained on this survey will be held strictly confidential and will not be released to any other person or agency without your expressed written consent. In the event that your child is not eligible for DVR services, the survey will be appropriately destroyed.

If you have any questions or concerns, please don't hesitate to contact me.

Sincerely,

I have read and understand the information provided in this letter and give permission for my child, \_\_\_\_\_ to complete the attached survey. I also give my  
(child's name)  
permission for a representative of DVR to speak with my child to gain additional information, if necessary.

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**KENTUCKY DEPARTMENT OF VOCATIONAL REHABILITATION**

**SCHOOL SURVEY FORM**

DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

1. Do you have problems in any of the following areas:

- a. Reading \_\_\_\_\_
- b. Writing \_\_\_\_\_
- c. Math \_\_\_\_\_
- d. Spelling \_\_\_\_\_
- e. Concentration - "daydreaming" \_\_\_\_\_
- f. Behavior - "always in trouble" \_\_\_\_\_
- g. Memory \_\_\_\_\_
- h. Impulse control - "can't say no" \_\_\_\_\_
- i. Anxiety \_\_\_\_\_
- j. Getting along with others \_\_\_\_\_
- k. Following instructions \_\_\_\_\_

2. Have you ever been in special classes to help you overcome learning or behavior problems?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you need special assistance in class such as:

- a. Tutors \_\_\_\_\_
- b. Un-timed tests \_\_\_\_\_
- c. Note takers \_\_\_\_\_

4. Do you have difficulties with any of the following activities:

- a. Walking \_\_\_\_\_
- b. Bending \_\_\_\_\_
- c. Stooping \_\_\_\_\_
- d. Lifting \_\_\_\_\_
- e. Balancing \_\_\_\_\_
- f. Carrying \_\_\_\_\_
- g. Grasping \_\_\_\_\_
- h. Pushing \_\_\_\_\_
- i. Pulling \_\_\_\_\_

5. Are you able to participate in athletic activities and/or gym class without restrictions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_

6. Do you require any of the following:

- a. Hearing aid \_\_\_\_\_
- b. Speech aids / devises \_\_\_\_\_
- c. Sign language interpreter \_\_\_\_\_
- d. Wheelchair \_\_\_\_\_
- e. Cane(s)/Walker \_\_\_\_\_

7. Do you require an assistant to help with any of the following activities:

- a. Getting around school \_\_\_\_\_
- b. Eating \_\_\_\_\_
- c. Bathing \_\_\_\_\_
- d. Dressing \_\_\_\_\_
- e. Personal hygiene \_\_\_\_\_

8. Are any of the following conditions a problem for you:

- a. Extreme heat or cold \_\_\_\_\_
- b. Dust or fumes \_\_\_\_\_
- c. Loud noises \_\_\_\_\_
- d. Vibrations \_\_\_\_\_
- e. Heights \_\_\_\_\_
- f. Wet/humid conditions \_\_\_\_\_

9. Have you had frequent hospitalizations?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do you require daily medication?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. What are your plans after high school graduation:

- a. College \_\_\_\_\_
- b. Technical School \_\_\_\_\_
- c. Military \_\_\_\_\_
- d. Employment \_\_\_\_\_
- e. Unknown \_\_\_\_\_

12. Please list any other limitations not identified above:

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