

TRANSITION GUIDE FOR STUDENTS WITH PHYSICAL IMPAIRMENTS

Learner Information

Name: _____ Address: _____

Date of Birth: _____ Parent Names: _____

Phone: _____ Email: _____

Diagnosis: _____ Current Medications: _____

Allergies: _____

Physician's Name: _____ Clinic Name: _____

Address: _____ Phone Number: _____

Contact Information for Personal Equipment: _____

Emergency Contact: _____ Phone Number: _____

Emergency Medical Facility: _____ Contact Number: _____

County of Residence: _____ Social Worker: _____

Address: _____ Phone Number: _____

VRS Counselor: _____ Phone Number: _____

Registered for selective service: Y/N Possesses social security card: Y/N

State ID or Driver's License (Circle One)

High School Address: _____ Case Manager: _____

Accommodations in the Educational Setting: _____

