**STEP REFERRAL FORM**

**FY 19**

**Student Name: Date:**

**Home Address: (Street) (City) (Zip Code)**

**Date of Birth: Age: Graduation Year and/or Exiting Year**

**Social Security Number: - - (Can be given at Initial Interview if preferred, but unable to proceed with referral without)**

**Primary Phone #: Secondary Phone #: (Cell) or (Landline) (Cell) or (Landline)**

**Primary E-Mail: Secondary E-Mail:**

**High School:**

**Teacher: E-Mail:**

**Phone Number:**

**Additional Comments about the referral (optional):**

**Please include the following documents with the referral:**

1. **Release of Information – Available on website** [**www.tmcsea.org**](http://www.tmcsea.org) **District Services-Transition-Schools**
2. **IEP – With current measurable vocational goals and levels of performance**
3. **Psychological – Most current as well as most current Domain Review/Review of Records if applicable**
4. **Social Development Study – Most current**
5. **Freshman Physical**
6. **Other Relevant Reports – PT, OT, Speech, Behavior, etc.**

**Please Submit the Referral Information to:**

**Joyce Aarestad – Transition Specialist**

**TMCSEA**

**300 Cedar St.**

**Pekin, IL 61554**

[**jaarestad@tmcsea.org**](mailto:jaarestad@tmcsea.org)

**309-347-3532 X 312**

**Fax 309-346-0440**

[**www.tmcsea.org**](http://www.tmcsea.org)

Shared/DRS/Forms/STEP Referral Form/FY19 4/30/18