**Bureau of Rehabilitation Services**

**Division of Vocational Rehabilitation/ Division for the Blind and Visually Impaired**

**Maine University and Community College Tour**

**Referral**

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| **Student Information** |

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| **Student Name**: | **Date:** |
| **Student Cell Number**: | **Student Home Phone**: |
| **Student Address**: | **City/Zip:** |
| **School Name:** | **Current Grade:** |
| **Graduation Date:** | **VR Counselor Name**: |

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| **College Tour** |

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| Northern: | Southern: |

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| **Emergency Contact Information** |

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| Parent/Guardian Name: | Parent/ Guardian Name: |
| Parent/Guardian Phone Number: | Parent/Guardian Phone Number: |
| Additional Emergency Contact: | Phone Number: |

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| **Accommodations** |

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| Describe Accommodations needed to take part of: |
| Walking Campus Tour: |
| Personal Care: |
| Pre-Employment Transition Activities (VJS, small group): |
| Peer Interaction: |
| Accommodations (Hotel/Dorm with Roommate): |
| Food: |
| Allergies: |
| Other: |
| Medications: (All medications need to be in a cell pack provided by pharmacist with instructions): |

**Division of Vocational Rehabilitation**

**Maine University and Community College Tour**

**Referral**

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| **Additional Referral Information** |

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| Are you thinking about attending college? |
| What program are you interested in? |
| What questions do you want to make sure are addressed? |
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| **Acknowledgements** |

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| * Students will be transported to all DVR events via NorthEast Charter |
| * Students will need to follow all COVID-19 policies per each campus, bus, hotel, and other event locations |
| * Students are to follow all program rules: respectable language, curfew, program schedule |
| * Hotel accommodations will be provided, 2 persons per room unless accommodation is noted |
| * All expenses: transportation, hotel, meals will be provided by DVR/DBVI |
| * Spending money is at the discretion of the student |
| * Medications will be secured by DVR staff |
| * Students may bring headphones, cell phones, laptops, and any other communication devices to be used during free time unless needed for accommodation |
| * Parent/Guardian will be responsible for pick up and drop off and if student needs to leave prior to end of the program |
| * Supervision will be provided throughout the entirety of the program |

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| **Signatures** |

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| **Student Signature**: |
| **Parent/Guardian Signature**: |

**REFERRAL TO BE RECEIVED NO LATER THAN MAY 31st**

**Send Referral to** [**samantha.j.fenderson@maine.gov**](mailto:samantha.j.fenderson@maine.gov)