**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** |

|  |  |
| --- | --- |
| 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
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| * 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**