



**DSPS REFERRAL TO WORKABILITY III**

STUDENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DSPS COUNSELOR : \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

DISABILITY: \_\_\_\_\_

CAREER GOAL: \_\_\_\_\_

STUDENT'S DOR COUNSELOR: \_\_\_\_\_

**ADDITIONAL COMMENTS**

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After this form is submitted, we will contact the student's DOR counselor to ensure that everyone approves of the student's compatibility with the WorkAbility III program and obtain the required paperwork. We will notify you upon contacting the DOR counselor. A meeting will be scheduled with the student once we receive all required documents from DOR. Thank you for your continued support!