

DOR Student Services

Your guide toward employment, independence and a successful life



Who is the Department of Rehabilitation?

- The California Department of Rehabilitation (DOR) administers the largest vocational rehabilitation and independent living programs in the country.
- DOR provides consultation, counseling, vocational rehabilitation, and works with community partners to assist the consumers we serve.

DOR Student Services

DOR provides students with disabilities valuable skills to propel on a path toward an independent and successful future. Students will have the opportunity to:

- Explore the world of work
- Get some hands-on experience
- Gain confidence
- Boost skills to be more successful at school, work, and in life

DOR Student Services

Our **goal** is for students with disabilities to:

- Be excited about career opportunities
- Be successful on the job
- Have the tools and resources to live independently

How Do You Participate?

DOR Student Services are available to **Student's who are:**

- 16 – 21 years old
- Enrolled in an education program (including home school and alternative high school programs)
- Have an IEP (Individualized Education Program), 504 plan, or a disability

What happens when you start with DOR Student Services?

- Meet your DOR team
- Review five categories of services
- Decide on activities you want to explore

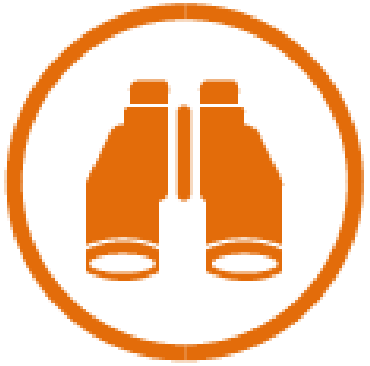
What are the five categories of services?

Job Exploration Counseling



Explore opportunities and interests to discover a career that is right for the students. Learn about jobs that interest them.

Postsecondary Counseling



The student and counselor design a plan of action. Determine if college or vocational school is for their future. Learn about resources that support their scholastic journey.

Work Based Learning Training



Prepare for successful employment. Equip students with professional work habits including strong communication, time management, and social skills.

Self-Advocacy



Students take charge of their future. Understand their rights and build the confidence to live independently and be successful at work.

Work Based Learning Experiences



Through internships, volunteer work, or other on-the-job training, gain the skills to prepare for the student's future career.

Explore Your Potential

DOR provides valuable skills to propel the student on a path toward an independent and successful future.

Explore student's potential and connect with us today to discover the opportunities ahead.

Getting Started is Simple



www.dor.ca.gov

DOR DEPARTMENT of
REHABILITATION
Employment, Independence & Equality

DOR Student Services Request

DR 203 (REV 07/17)

Page 1 of 2

Student Last Name		First Name		Middle Initial
Mailing Address		City	Zip Code	County
Phone Number		Email Address		
Date of Birth (mm/dd/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State		
Race (please check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian <input type="checkbox"/> Decline to State				Ethnicity: Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
Please state the student's disability or reason for IEP/504 eligibility:		Documentation (please select one) <input type="checkbox"/> IEP (provide a copy) <input type="checkbox"/> Other (specify type and attach a copy if applicable): <input type="checkbox"/> 504 Plan (provide a copy) <input type="checkbox"/> School Signature (see below)		



Complete this section only if "School Signature" is selected: I confirm that the student is enrolled in the school identified below and has a record of or is regarded as having the disability stated above.

Signature of School Official: _____ Date: _____

Printed Name of School Official: _____ Title: _____

School Name	School Address	<input type="checkbox"/> Secondary School <input type="checkbox"/> Postsecondary School
School Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home school <input type="checkbox"/> GED program <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> College/University <input type="checkbox"/> Other		Expected Date of Graduation/Exit from School (mm/dd/yyyy)
Parent/Guardian/Conservator Last Name	First Name	Relationship
Phone Number	Email Address	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator

I give permission to school personnel to release this information to the Department of Rehabilitation. (20 U.S.C. 1232g(b) and 34 CFR 99.30 and 99.31.) I confirm that the student has documentation of or is regarded as having the disability stated above. I give consent for the student to participate in student services provided or arranged by the DOR, for as long as the student qualifies for such services.

Student Signature 	Date Signed	Parent/Guardian/Conservator Signature 	Date Signed
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CONSENT TO RELEASE AND OBTAIN INFORMATION

DR 260 (Rev. 01/18)

DIVISION: Greater East Bay/Antioch




Name / Entity / Address:		Individual's Full Name and Address:
Social Security Number: (if necessary)		Record Number:
		Date of Birth:

I hereby consent to and authorize the Department of Rehabilitation (DOR) to:

- Obtain from the above Name / Entity Release to the above Name / Entity
- | | |
|--|--|
| <input type="checkbox"/> Benefits Planning Query | <input type="checkbox"/> Benefits Summary and Analysis |
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Financial Aid Award |
| <input type="checkbox"/> HIV / AIDS Information | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> Individualized Education Program (IEP) | <input type="checkbox"/> Transcripts / Report Cards |
| <input type="checkbox"/> Individualized Plan for Employment (IPE) | <input type="checkbox"/> Work Incentives Plan |
| <input type="checkbox"/> Psychological / Psychiatric Reports | <input type="checkbox"/> Vocational Rehabilitation Records |
| <input type="checkbox"/> Drug and Alcohol Information, as explicitly described below | |
| <input type="checkbox"/> Regional Center Records, including Individual Program Plan (IPP) | |
| <input checked="" type="checkbox"/> Other: 504/ Ongoing communication and informational exchange regarding DOR Student Services. | |

The dates of the requested information are: _____ to _____

I acknowledge and understand the following: the requested information may contain medical history, treatment, and diagnosed mental and physical condition, including drug and alcohol information, psychiatric disabilities, or HIV / AIDS. I may refuse to allow DOR to release or obtain information by not signing this form or not checking some of the above boxes, which may affect the provision of vocational rehabilitation services. The information requested by DOR will be used to determine eligibility for or assist in the provision of vocational rehabilitation services. The DOR shall not make any disclosure of the information received without my signed authorization, unless required or permitted by law. I may revoke this authorization in writing at any time; however, the revocation will not be effective to the extent that any person or entity has already acted in reliance on my authorization prior to the revocation. I may have a copy of this signed authorization, which will remain valid for 30 days from the date of signature, unless otherwise specified here: _____

Individual's Signature 	Date Signed
Guardian, Parent or Conservator Signature 	Date Signed
Witness Signature (if above signature by mark) 	Date Signed
Information sent To / From: Department of Rehabilitation	Phone Number: (925) 756-1736

Staff Name and Title: Sidney Wong, Qualified Rehabilitation ProfessionalAddress: 3656 Delta Fair Blvd., Antioch, CA 94509

Connect with us and prepare for your future today

ADDRESS: 3656 Delta Fair Blvd., Antioch, CA 94509

CALL: (925) 756-1745

EMAIL: annalyn.tolentino@dor.ca.gov

VISIT: <http://www.dor.ca.gov/Services-to-Youth>



Any Questions?

Thank you 😊