

Thank You for Choosing Teachwell Transitions

Enrollment in Teachwell Transitions programs begins with a request from a local school district. If you have questions, contact Joan Frevik at (605) 367-7680 or joan.frevik@teachwell.org.

ABOUT THE STUDENT

STUDENT NAME		STUDENT ID #	DATE OF BIRTH		
_____		_____	____	____	____
FIRST	LAST		MM	DD	YY
GENDER		ETHNICITY	TRANSITION PROGRAM PLACEMENT		
FEMALE	MALE	_____	THRIVE	PROJECT SEARCH	STRIVE

VOCATIONAL REHABILITATION COUNSELOR INFORMATION

_____		_____	_____		
FIRST NAME		LAST NAME	PHONE NUMBER		
Does the student currently receive education-related therapy?			YES	NO	

PARENT OR GUARDIAN INFORMATION

_____		_____	_____		
FIRST NAME		LAST NAME	RELATIONSHIP TO STUDENT		
_____		_____	_____		
HOME PHONE		CELL PHONE	EMAIL ADDRESS		
_____		_____	_____	_____	_____
STREET ADDRESS		CITY	STATE	ZIP	

DISTRICT AUTHORIZATION

DISTRICT CONTACT			DATE		
_____			____	____	____
FIRST NAME			LAST NAME		POSITION
_____			____	____	____
SCHOOL DISTRICT			SCHOOL BUILDING		PHONE NUMBER

STUDENT RECORDS CHECKLIST

Along with this enrollment form, the school district must also send:

1. Current grades, transcripts and the student's individualized education plan (IEP)
2. Copies of immunization records and the student's birth certificate
3. If applicable, copies of: Documentation of legal guardianship

SEND FORM AND RECORDS TO

email | karin.reisch@teachwell.org fax | 605-367-6036

Mailing Address | Teachwell Solutions - 715 East 14th Street, Sioux Falls, SD 57104

INTERNAL
USE ONLY

START DATE _____ END DATE _____ EXIT CODE _____