

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 MM DD YY

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 _____