

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 Special Education Coordinator Julie Large at (605) 367-7680 or julie.large@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 _____