

Where has the Learner been enrolled most recently?

_____ Traditional Public School – if so, which one? _____

_____ Home school

_____ Neither – if neither, please explain: _____

Does the learner have a current IEP (Individualized Education Plan) on file with the Special Services Office for the Delta County School District or any other school district? *Yes: _____ No: _____ *If yes, from what school? _____

Learner will be: ____ Full-time (360+hours/semester) ____ Part-time (90+ outside hours/semester) ____ Kindergarten (90+ hours/semester)

Why does the Learner wish to enroll in the VISION program?

What does the Learner wish to accomplish by participating in VISION?

What is the family expecting/desiring from the VISION experience?

Each Learner is matched with a Resource Consultant (RC) who serves as a liaison between the Learner and the VISION HCP program. Do you already have a VISION Resource Consultant in mind? If not, what kind of qualities in an RC would fit well with your learner?

Is there any other information that you think would be helpful for us to know?

Did someone refer you to the Vision program? Yes _____ No _____ If so whom? _____

Orientation Date	Resource Consultant Match	Enrollment Date