



VR POTENTIALLY ELIGIBLE DATA COLLECTION TOOL

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 680 (1-2025)

Name (Last, First, MI)			
Preferred Name (if different from above)			Suffix (Jr./Sr. etc.)
Home Address			
City	State	ZIP Code	County
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Email Address	
Primary Telephone Number <input type="checkbox"/> Land Line <input type="checkbox"/> Cell		Secondary Telephone Number <input type="checkbox"/> Land Line <input type="checkbox"/> Cell	
Race/Ethnicity (check all that apply) <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native NOTE: If Hispanic or Latino is selected, at least one other race must also be selected. <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
Student with Disability (select one only) <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> Other		Current Grade (select one only) <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Grade 12+	
Name of School Currently Attending			Expected Graduation Date (mm/dd/yyyy)
Student Disability (select only one) <input type="checkbox"/> Autism <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Emotional Disorder (ED) <input type="checkbox"/> Speech/Language <input type="checkbox"/> Hearing Impairment/Deaf <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Intellectual Disability (ID) <input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> Other Health Impairment (OHI) <input type="checkbox"/> Visual Impairments/Blind			

I certify the above information is true.

Signature	Date
Relationship to Student	