



DVR POTENTIALLY ELIGIBLE DATA COLLECTION TOOL

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

VOCATIONAL REHABILITATION DIVISION

SFN 680 (7-2020)

| | | | |
|---|--|--|---------------------------------------|
| 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 | NOTE: If Hispanic or Latino is selected, at least one other race must also be selected. | |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | |
| <input type="checkbox"/> Asian | | | |
| <input type="checkbox"/> Black or African American | | | |
| 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 | |