

CAREER OPPORTUNITY ACADEMY REFERRAL APPLICATION

***BOLD TYPE INDICATES REQUIRED INFORMATION**



STUDENT NAME:			REFERRAL DATE:	CURRENT GRADE
HOME ADDRESS:			CITY / STATE / ZIP	
D.O.B.	AGE	HOME PHONE & AREA CODE:	PREFERRED CONTACT METHOD BETWEEN THE HOURS OF 7:30AM & 2:45PM. CHECK ONE: <input type="checkbox"/> cell phone <input type="checkbox"/> e-mail <input type="checkbox"/> work phone <input type="checkbox"/> home phone	
RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial				GENDER <input type="checkbox"/> M <input type="checkbox"/> F
CITIZENSHIP STATUS:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Other / Non US Citizen	<input type="checkbox"/> Employment Authorization Card	
FATHER/GUARDIAN NAME:			FATHER/GUARDIAN PHONE: (w)	
FATHER E-MAIL:			FATHER/GUARDIAN CELL	
MOTHER /GUARDIAN NAME:			MOTHER PHONE: (w)	
MOTHER/GUARDIAN E-MAIL:			MOTHER/GUARDIAN CELL	
Child / Family Services Case Manager:			CASE MANAGER PH: (w)	(c)

DOR	DOP	ANTICIPATED START DATE
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SCHOOL CONTACT PERSON: TRANSITION COORDINATOR, GUIDANCE COUNSELOR, CASE WORKER ETC:	PHONE:	E-MAIL:
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Please Check Appropriate Identification:

<input type="checkbox"/> 01 - MD: Multiple Disabilities	<input type="checkbox"/> 02 - DB: Deaf-Blindness	<input type="checkbox"/> 03 - HI: Hearing Impairment
<input type="checkbox"/> 04 - VH: Visual Impairments	<input type="checkbox"/> 05 - SP: Speech/Language	<input type="checkbox"/> 06 - OH: Orthopedic Impairment
<input type="checkbox"/> 08 - ED: Emotional Disturbance	<input type="checkbox"/> 09 - ID: Intellectual Disability	<input type="checkbox"/> 10-SLD: Specific Learning Disability
<input type="checkbox"/> 12 - AU: Autism	<input type="checkbox"/> 13 - TBI: Traumatic Brain Injury	<input type="checkbox"/> 15-OHI: Other Health Impairments
<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Other	

PROGRAM PREFERENCE: CHECK APPROPRIATE BLOCK ON PAGE 2

SPECIFIC INFORMATION THAT SHOULD BE ANSWERED IN THE EVALUATION:

Short-term Career Opportunity Academy Programs are billed by Mayfield City Schools as a per diem rate.

SIGNATURE: DISTRICT RESIDENCE ADMINISTRATOR

PRINTED NAME & TITLE

DATE

Career Opportunity Offerings

Information Technology Certifications (Goodwill Industries/Computers Again)

- CompTIA IT Fundamentals Certification
- Microsoft Office Specialist Word Certification
- Microsoft Office Specialist Outlook Certification
- CompTIA A+/Net+/Security+ Certifications

Medical Technology Certifications

- State Tested Nursing Assistant at New Bridge Day Program
- Certified Phlebotomist at New Bridge
- American Heart Association CPR/First Aid Certifications
- CVS Pharmacy Technician Certification at El Barrio at The Centers for Families & Children
- HIPPA Privacy & Security Certification at El Barrio at The Centers for Families & Children

Manufacturing & Warehouse Certifications

- Class 3 Forklift and National Forklift Association Certification
- Jergens Manufacturing Certifications
- OSHA 10 Hour Training Certification

Human Services/Customer Services

- Direct Service Provider Certification
- CVS Health Cash Register Basic Training Certification
- ServSafe® Food Handler Certification
- Professional Customer Service Representative & Customer Service Representative Certification at El Barrio at The Centers for Families & Children
- Guestroom Attendant Certification at El Barrio at The Centers for Families & Children
- Intercontinental Hotel Group at Cleveland Clinic

Transportation

- Commercial Driver License Training at El Barrio at The Centers for Families & Children and Tri-C
- Electrical Repair Technician (RTA) at El Barrio at The Centers for Families & Children and Tri-C
- Mechanical Repair Technician (RTA) at El Barrio at The Centers for Families & Children and Tri-C

Customizable/ Individualized Programs

DESCRIBE THE INTERESTS/NEEDS OF THE STUDENT:
