



# CAREER ASSESSMENT REFERRAL APPLICATION

**\* All information must be provided for student identification in EMIS \***



<b>STUDENT FULL NAME:</b>		<b>REFERRAL DATE:</b>		
<b>HOME ADDRESS:</b>		<b>CITY / STATE / ZIP:</b>		
<b>HOME PHONE/AREA CODE:</b>		<b>PREFERRED CONTACT METHOD BETWEEN THE HOURS OF 7:30AM &amp; 2:45PM: CHECK ONE:</b> <input type="checkbox"/> cell phone <input type="checkbox"/> e-mail <input type="checkbox"/> work phone <input type="checkbox"/> home phone		
<b>RACE:</b> <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN <input type="checkbox"/> MULTIRACIAL <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN				<b>GENDER:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> US Citizen	<input type="checkbox"/> Other / Non US Citizen	<b>D.O.B.:</b>	<b>AGE:</b>	<b>GRADE:</b>
<b>FATHER/GUARDIAN NAME:</b>		<b>FATHER/GUARDIAN PHONE WORK:</b>		
<b>FATHER/GUARDIAN E-MAIL:</b>		<b>FATHER/GUARDIAN CELL:</b>		
<b>MOTHER/GUARDIAN NAME:</b>		<b>MOTHER/GUARDIAN PHONE WORK:</b>		
<b>MOTHER/GUARDIAN E-MAIL:</b>		<b>MOTHER/GUARDIAN CELL:</b>		
<b>CHILD / FAMILY SERVICES CASE MANAGER:</b>		<b>CASE MANAGER PHONE:</b>		

<b>DISTRICT OF RESIDENCE:</b>	<b>DISTRICT OF PLACEMENT:</b>	<b>ANTICIPATED START DATE:</b>
<b>SCHOOL ATTENDING:</b>		

School Contact Person (VOSE, TC, PPS, etc ;):	Phone:	E-mail:
---	--------	---------

<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	

### TESTING CONSIDERATIONS:

**CEVEC** (testing appropriate for CEVEC referrals, typically done at CEVEC):    yes    no

**EXCEL TECC** (testing appropriate for career-technical, typically done at home school):    yes    no

**EXCEL TECC** programs of interest: College/ Tech prep programming: \_\_\_\_\_

**INDIVIDUAL NEEDS**, circumstances, behaviors, etc. that may impact the assessment process: \_\_\_\_\_

\_\_\_\_\_  
Signature of District Residence Administrator  
Revised 01/10/2018

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date