



OUTREACH SERVICES

COORDINATOR - SARAH KESO
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CEVEC Outreach Service Request

Student Name:	D.O.B.
District Name:	Date Submitted:
District Contact:	Location of Services:
District Contact Email:	Service Date Requested:
District Contact Phone:	

CEVEC Outreach Services

Please **highlight** CEVEC Outreach services of interest :

Skill Specific Training	Self Determination And Self Advocacy	Job Coaching Services
School to Work Transition	Independent Living Services	Soft Skill Instruction
Certification Classes	Customized Travel Training	Ohio Means Jobs Readiness Seal
Community Based Career exploration/Assessment	Middle School Services for Transition Planning	Cevec-- On the Road

Additional information/description of services needed:

District Representative Signature: _____ Date: _____

Enrollment Coordinator Signature: _____ Date: _____