



CHECKLIST - INTAKE AND REGISTRATION

Intake Supervisor - Sarah Keso

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Administrative Assistant - Deb Martin

Phone: 440-995-7466

- 1. INTAKE APPLICATION**
- 2. IEP**
- 3. ETR**
- 4. EMERGENCY MEDICAL AUTHORIZATION FORM**
- 5. PARENT RELEASE AGREEMENTS**
- 6. PARENT CONSENT FOR RECORDS**
- 7. STUDENT: BIRTH CERTIFICATE**
- 8. STUDENT: SOCIAL SECURITY CARD**
- 9. PARENT: OFFICIAL NAME, BIRTH DATE, E-MAIL**



CEVEC INTAKE FORM

Intake Coordinator: Sarah Keso 440-995-7493
 E-Mail - skeso@mayfieldschools.org
 Administrative Assistant: Deb Martin 440-995-7466
 E-Mail - dmartin@mayfieldschools.org

TODAY'S DATE:	STUDENT FULL NAME:	
DOR/DOP:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER	D.O.B: _____ AGE: _____
ANTICIPATED START DATE: <u>Fall 2020</u>	OOD REFERRAL: MADE <input type="checkbox"/> NEEDED <input type="checkbox"/> COUNTY REFERRAL: MADE <input type="checkbox"/> NEEDED <input type="checkbox"/>	ANTICIPATED GRAD DATE:
PARENT(S)/GUARDIAN NAME(S):		
PARENT/GUARDIAN PRIMARY PHONE/AREA CODE:		
PARENT/GUARDIAN EMAIL:		
<u>Preferred</u> Contact Method between the hours of 7:00am & 3:00pm: <input type="checkbox"/> primary phone <input type="checkbox"/> e-mail		
ETR EXPIRATION DATE:	IEP EXPIRATION DATE:	NOT APPLICABLE:
_____	_____	
504:	*IEP READ FOR SPECIAL INFORMATION TEACHER:	
ARE TRANSITION GOALS PRESENT IN IEP?		
MEDICAL/ISSUES/CONCERNS:		
DISABILITY:		
BEHAVIORAL ISSUES/CONCERNS:		
STUDENT WORK HISTORY:(IF ANY)		
FUTURE EMPLOYMENT GOAL(STUDENT)		
FUTURE EMPLOYMENT OR OUTCOME(PARENTS)		
DESIRED DISTRICT OUTCOME		
RELEASE OF INFORMATION		

TESTING CONSIDERATIONS:

Would you like a career assessment done at a later date if unsure about a Career Path? yes no

Signature/District Residence Administrator

Printed Name & Title

Date



Denise Cirino, Principal
Phone 440.995.7460

www.mayfieldschools.org
Fax-- 440.646.1117

**1111 S.O.M. Center Road
Mayfield Heights, Ohio 44124
440.995.7450**

AUTHORIZATION FOR RELEASE OF INFORMATION
of

CEVEC STUDENT

I, _____ authorize CEVEC to release or obtain the following information to/from:

- County Board of Developmental Disabilities
- Opportunities for Ohioans with Disabilities (OOD/BVR)
- Vocational Rehabilitation Public and Private Partnerships (VRP3)
- District of Residence / District of Placement

Other: _____

- | | |
|--|--|
| <input checked="" type="checkbox"/> Career assessment | <input checked="" type="checkbox"/> Copy of social security card |
| <input checked="" type="checkbox"/> Phone number | <input checked="" type="checkbox"/> Psychology report |
| <input checked="" type="checkbox"/> IEP/goal setting sheet | <input checked="" type="checkbox"/> Medical information |
| <input checked="" type="checkbox"/> Competencies | <input checked="" type="checkbox"/> Multi-factored evaluation |
| <input checked="" type="checkbox"/> Birth certificate | <input checked="" type="checkbox"/> Other Assessments, Plans, Personal Information |
| <input checked="" type="checkbox"/> SSI/SSDI verification | <input checked="" type="checkbox"/> CEVEC Social Worker |
| <input checked="" type="checkbox"/> Resume | |

Only the above information may be released or obtained. This information will be used for planning my educational and/or vocational program and for the coordination of CEVEC services with any other service I may be receiving from the above individual or agency.

This authorization will remain in effect for 1 year after the date the student exits CEVEC. This authorization may be revoked at any time by notifying CEVEC in writing. Note: revocation will not have any effect on actions taken by CEVEC before CEVEC received the written revocation notice.

I have read and understand this agreement.

Student

Parent/Guardian

Date

Date



**Emergency Medical Authorization
(Needed for registration for CEVEC)**

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parent or guardians cannot be reached

School: _____ **Student's Name:** _____

Emergency Contact 1:

Emergency Contact 2:

Name:

Name:

Relationship to student:

Relationship to Student:

Daytime Phone:

Daytime Phone:

Part I OR II MUST Be Completed

Part I - To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called: **Y** **N**

Doctor:

Phone Number:

Dentist:

Phone Number:

Local (Nearest) Hospital:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for

(1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist.

(2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ **Parent/Guardian's Signature:** _____

Part II - Refusal To Consent

I do NOT give my consent for emergency medical treatment of the student. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Date: _____ **Parent/Guardian Signature:** _____

Release Agreements for CEVEC Online Registration

Students Name: _____

DOR/DOP: _____ Birthdate: _____

Media*

Do you give permission for your child to participate in any public or school media publication? This includes the yearbook, website, and any programs or publications.

Permission Granted **Permission Denied**

Student Code of Conduct*

I am aware that all school handbooks containing the Student Code of Conduct are located on the district website at

[Mayfield Schools Student Handbooks*](#)

I have read and reviewed the code of conduct with my student Technology*

As a parent or legal guardian, I grant permission for my child to access networked computer services according to District Policy [7540.03](#), which states the rules for communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Permission Granted **Permission Denied**

Student Email Accounts (For grades 2-12)

As a parent or legal guardian, I understand my child will have access to a Mayfield City Schools provided Google Apps for Education Account. I have reviewed the Google Account Information, available on the district website at <https://www.mayfieldschool.net/>. I understand that my student will have the ability to collaborate with their teachers and peers via their Google Apps for Education account and while doing so my student will be in compliance with [7540.03](#). In order to deny permission for a student Google Apps for Education account, you will be required to complete a formal written request in the main office of your student's school.

Release Agreements for CEVEC Online Registration

If you deny your student permission, or at any time their account has been revoked or suspended, your student will still be responsible for completing the assigned material via an alternative format as provided by the teacher.

* I acknowledge this Google Apps for Education Policy of the Mayfield City Schools
Field Trips

My child has permission to participate in after school activities and/or school experiences outside the school building and grounds such as field trips. I understand that I will be informed in advance of the dates, times, and locations of any planned activity or field experience and that I may be required to complete permission forms for individual activities/trips during the school year.

* Permission Granted Permission Denie

I certify my signature authenticates that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll the above named student in the Mayfield City School District.
Please sign on the line below and enter today's date.*

***DATE COMPLETED** _____

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