



CAREER ASSESSMENT SERVICES

Maplewood Career Center
7075 State Route 88
Ravenna, OH 44266
Phone (330) 296-2892

REFERRAL & PARENT/GUARDIAN PERMISSION

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone \_\_\_\_\_ Student ID# \_\_\_\_\_ Birth Date \_\_\_\_\_
Parent or Guardian \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_
Referring School \_\_\_\_\_ Teacher \_\_\_\_\_

IF STUDENT IS IDENTIFIED PLEASE INDICATE CONDITION:

- Autism, Deaf - Blindness, Deafness and Hearing Impairment, Cognitive/Intellectual Disability, Multiple Disabilities, Orthopedic Impairment, Specific Learning Disability, Emotional Disturbance, Speech/Language Impairment, Traumatic Brain Injury, Visual Impairment, Other Health Impairment

Is there a current Individualized Educational Program (I.E.P.) on file at the home school? Yes\_\_ No\_\_

IF STUDENT IS DISADVANTAGED PLEASE INDICATE CONDITION:

Economic Academic Section 504 Other Learner

Please explain any special needs or precautions: \_\_\_\_\_

\*\*\*\*\*PLEASE INCLUDE THE FOLLOWING WITH THIS FORM \*\*\*\*\*

Learning Behavior Skills Checklist
ETR & I.E.P. (NOT REQUIRED UNLESS DEEMED NECESSARY FOR ASSESSMENT)

SIGNATURES GIVING PERMISSION FOR CAREER ASSESSMENT

Home School Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_