**WILLIAM S. HART UNION HIGH SCHOOL DISTRICT**

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**Career Visions**

**Case Manager Certification   
 Revised 11/16**

## This section to be completed by applicant’s case manager and returned to the Career Transition Advisor assigned to the student’s home school before consideration can be made for program services.

# Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Case Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current grade point average: \_\_\_\_\_\_(2.0 minimum needed for work permit consideration).**

**This student has expressed interest in the following Career Visions service(s):**

Workforce Preparation Supported Work Training

Would you recommend this student for a job? Yes \_\_\_\_ No \_\_\_

If yes, please give a brief description of the student’s strengths, limitations and work interest:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, what do you think the student needs to improve on in order to be ready to get a job?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel this student would be capable of working unsupervised? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WILLIAM S. HART UNION HIGH SCHOOL DISTRICT**

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**Career Visions**

**Counselor Certification**

**Revised 11/16**

###### This section to be completed by applicant’s counselor and returned to the Career Transition Advisor assigned to the student’s home school before consideration can be made for program services.

###### Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel this student is capable of working and maintaining his/her grades?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current grade point average: \_\_\_\_\_\_ (2.0 minimum needed for work permit consideration).**

CREDITS NEEDED TO GRADUATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### FOR CV USE ONLY

# School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed Referral Received\_\_\_\_\_\_\_\_\_

**Age at time of referral: \_\_\_\_\_\_\_**

##### Availability Master

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 3:00-4:00 |  |  |  |  |  |
| 4:00-5:00 |  |  |  |  |  |
| 5:00-6:00 |  |  |  |  |  |
| 6:00-7:00 |  |  |  |  |  |
| 7:00-9:00 |  |  |  |  |  |

###### Program Recommendation: WorkAbility 1\_\_\_\_\_\_ TPP \_\_\_\_\_\_\_