WILLIAM S. HART UNION HIGH SCHOOL DISTRICT





Career Visions Program Referral Form Revised 02/10

			ted and returned consideration can						
Student's name			Date						
Student's Age_	Date of l	Birth	School S	Site					
Section # 1 To be completed by the student's parent or legal guardian.									
Parent or Lega	ıl Guardian's N	ame :							
Please give a br	rief description o	f the student's:							
Strengths:									
Limitations:									
Work interests:	· · · · · · · · · · · · · · · · · · ·								
Other comment	s:								
Does this stude	ent have an IEP	or documented	l disability? Yes	No					
Please check da	ys and times tha	t student is <u>una</u> l	ble to work:						
	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									
	nvolved in extrac		ies that will interf	ere with normal v	vork hours?				
Signature:	ignature: Contact number: _()								

Cell phone: _____ e-mail ____

WILLIAM S. HART UNION HIGH SCHOOL DISTRICT





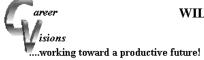
Career Visions Program Referral Form Revised 02/10

<u>All three sections</u> of this form must be **completed and returned** to the Career Transition Advisor assigned to the student's school before consideration can be made for program services.

Section # 2

To be completed by the	e student's case management teacher.
Student Name:	School site:
Teacher's name	
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 Support	orted Work Training Occupational / Trade School Co-enrollmer (Must be at least 16 or a Junior in HS)
Would you recommend this student for a	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 need	ds to improve on in order to be ready to get a job?
Do you feel this student would be capab	le of working unsupervised?
Teacher's signature:	EXT:

WILLIAM S. HART UNION HIGH SCHOOL DISTRICT





Career Visions Program Referral Form Revised 02/10

Student nam	name: Date:								
School Site:									
			pleted and return consideration can						
	Section # 3								
	To be completed by the student's school counselor.								
Counselor's na	ame								
Do you feel this student is capable of working and maintain his/her grades?									
_			minimum needed f		onsideration).				
CREDITS NEEDED TO GRADUATE: Counselor's signature Ext. number									
		FOR CV U	JSE ONLY						
School:	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 _____