



# 2010 – 2011 CAREER ASSESSMENT REFERRAL FORM

Career Assessment provides objective information to assist the student, parents or guardians and school personnel in setting realistic, relevant and suitable plans for the future, this is **not a JVS recruitment process.**

*All information must be completed prior to setting an evaluation date.*

## STUDENT INFORMATION

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## PERMISSION (check box to indicate your choice)

I give permission for my child to take part in a career assessment and give **consent for the release of assessment information** to the referring school personnel.

I do not give permission for my child to take part in a career assessment.  
 Disregard the following sections and **sign and date bottom.**

## FURTHER INFORMATION (if testing at the JVS)

Does your child receive free or reduced lunch at your high school?  Yes  No

In the event my child needs medical attention, please contact:

Person: \_\_\_\_\_ at Phone#: \_\_\_\_\_  
Doctor's name Doctor's phone #

*If the medical professional above is unavailable, **your signature gives consent** for treatment by a licensed physician.*

## SIGNATURES

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

School Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**A copy of the acquired data will be given to the Transition-to-Work Coordinator at the completion of the assessment. The coordinator will schedule, at their discretion, any necessary meeting with the Career Assessment Specialist.**