



Lorain County Joint Vocational School
15181 State Route 58
Oberlin, Ohio 44074

CAREER ASSESSMENT REFERRAL FORM

The purpose of Career Assessment is to provide objective information to assist the student, parents or guardians and appropriate persons in setting realistic, relevant and suitable plans for the future.

STUDENT INFORMATION

Name: _____ School: _____
Address: _____ D.O.B.: _____ Age: _____ Grade: _____
City: _____ Zip: _____ Phone: _____ S.S.N.: _____

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

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

Please list any physical or medical problems your child has:

Does your child take any medications **during school hours**? If yes please list the type and dosage? Yes No

Type & Dosage: _____

In the event my child needs medical attention, please contact: Phone#: _____ Person: _____

If the medical professional above is unavailable, **my signature at the bottom of this form gives consent** for my child to be treated by a licensed physician or dentist at any accessible hospital.

CONFERENCE

At the completion of the evaluation process you will be invited to a post evaluation conference. Conferences are held on **Fridays as scheduled by the career assessment specialist.**

- I would like to attend. You will be notified by mail as to time and location of conference.
- I will be unable to attend. A copy of the evaluation report will be reviewed and sent home with your child

SIGNATURES

Parent or Guardian: _____ Date: _____

Work Study Coordinator
or School Designee: _____ Date: _____