



WILLIAM S. HART UNION HIGH SCHOOL DISTRICT



Career Visions
Program Referral Form
Revised 10/07

All three sections 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.

Student's name _____ Date _____

Student's Age _____ Date of Birth _____ School Site _____

Section # 1
To be completed by the student's parent or legal guardian.

Parent or Legal Guardian's Name : _____

Please give a brief description of the student's:

Strengths: _____

Limitations: _____

Work interests: _____

Other comments: _____

Does this student have an IEP or documented disability? Yes _____ No _____

Please check days and times that student is unable to work:

Table with 6 columns (Time, Monday, Tuesday, Wednesday, Thursday, Friday) and 5 rows (3:00-4:00, 4:00-5:00, 5:00-6:00, 6:00-7:00, 7:00-9:00)

Is this student involved in extracurricular activities that will interfere with normal work hours?

Yes _____ No _____

Signature: _____ Contact number: () _____

Cell phone: _____ e-mail _____



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Section # 2
To be completed by the 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 Supported Work Training Occupational / Trade School Co-enrollment (Must be at least 16 or a Junior in HS)

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:

Blank lines for student description

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

Blank lines for improvement needs

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

Teacher's signature: EXT:



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School Site: _____

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Section # 3
To be completed by the student's school counselor.

Counselor's name - _____

Do you feel this student is capable of working and maintain 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

Table with 6 columns (Time slots: 3:00-4:00, 4:00-5:00, 5:00-6:00, 6:00-7:00, 7:00-9:00) and 6 rows (Days: Monday, Tuesday, Wednesday, Thursday, Friday).

Program Recommendation : Workforce Investment _____ WorkAbility 1 _____ TPP _____

** Please note that graduating students , and students 18 or older generate an automatic referral to Workforce Investment**