

Career Assessment Parent Permission Form

Your child _____
First Name Middle Name Last Name

has been referred for a Career Assessment. This may include Vocational Interest Inventories, Learning Style Inventories, and identification of Job Aptitude and Life skills to help your student become more aware of career/transition options. The following information is required:

Address _____
Street City, State Zip Code

Telephone Number (____) _____ Grade _____ Home School _____

Date of Birth _____ City of Birth _____

Social Security Number _____ Male _____ Female

Side effects of any medication(s) the student is taking _____

Check any of the following conditions the student may have:

<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Speech Problems	<input type="checkbox"/> Muscular Diseases
<input type="checkbox"/> Deaf or Hard of hearing	<input type="checkbox"/> Emotional	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Learning Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures
<input type="checkbox"/> Excessive Nervousness	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Impairment of arms, legs, hands	<input type="checkbox"/> Allergies	
<input type="checkbox"/> Other _____		

My student has my permission to participate in the Career Assessment Program. Permission is granted to share results with those who will be working with my student and release a copy of any relevant information such as current IEP or 504 plan.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

