**Overview, Process and Referral Form for District and Internal Referrals for Vocational Programs**

**Pre-Vocational Programs** offer students (age 14+) an environment to develop basic work skills including attention to task, endurance on the job, fine motor development, following directions and social/communication skills. Students participate in a range of tasks from simple hand assembly, hands-on projects and collection and delivery jobs around the building. Students are aligned with programs based on their goals, needs, skills, age and abilities.

**PREVIEW** is a pre-vocational program for students (age 16+)that utilizes a production type setting for students to “preview” the occupational world. Students are introduced to employer expectations, transferable vocational skills and pre-employment opportunities. PREVIEW is designed to enable students to work on skills that will be marketable in many different community opportunities.

Students develop a portfolio of their experiences including interest surveys, self-reflection, and goal setting, learn about Person Centered Planning and self-advocacy, participate in group and individual activities, complete service projects, and identify and develop soft and hard skills that will aide in the pursuit of their personal post-graduation goals.

**VETS** (Vocational Experience for Transitioning Students) is a potential program for the 22/23 school year and is based in a community setting for part of the week. Classroom instruction incorporates small group and individual learning time focusing on workplace soft skills, work readiness, and portfolio development.

**8/2022**

**Direct District Referral Process:**

* The Vocational Referral Form, Vocational Placement Meeting Worksheet and required information as per the referral form are sent to the Student Admissions Office
* The Student Admissions Office will notify the district that we have received the referral and will let the district know if we are in need of any additional information
* The referral packet will be sent from the Student Admissions Office to the Creekside vocational team as well as the nurse’s office
* The nurse’s office will review the information and communicate with the home school nurse if needed
* The Creekside vocational team will make recommendations and send those back to the district and the Student Admissions Office

**Internal Program Referral Process:**

* The Vocational Placement Meeting Worksheet is completed by the student’s current team and brought to the Central Intake Committee
* The Central Intake Committee will make recommendations and send those back to the student’s current program and also the nurse’s office
* The nurse’s office will review the information and communicate any medical needs
* Communication back to the current program regarding placement in the program will come through the Admissions Office

**Student Admissions and Records Office:**

**Monroe #1 BOCES Phone: (585) 383-2232**

**41 O’Connor Road Fax: (585) 383-6402**

**Fairport, NY 14450**

**VOCATIONAL REFERRAL FORM**

**STUDENT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Name: |   | Date: |   |
| Chosen Name: |  | Gender/Pronouns: |  |
| Guardian: |   | Student I.D.#: |   |
| Address: |   | Home District: |   |
| City: |   | Zip: |   | Program/School Placement: |   |
| Phone: |   | DOB: |   | Grade: |   | Sex: [ ]  M [ ]  F |
| Emergency Phone: |   | Classification:  |   |  |
| Medical Alerts/Allergies: |   |
| Does student need to take medication during the school day? | [ ]  Yes [ ]  No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Referred by: |   | Phone: |   |
|  | **Name** | **Title** |  |  |
| Current School Contact: |   | Phone: |   |
|  | **Name** | **Title** |  |  |
| Teacher |   | Phone: |   |
|  | **Name** | **Title** |  |  |
| ***Approved by:*** |   |   |
|  | **PPS Director/Business Official/Superintendent Signature** | **Date** |

|  |  |  |  |
| --- | --- | --- | --- |
| ***REFERRAL INFORMATION:*** |  |  |  |
| **Requested Start Date:** | [ ]  **Immediate Placement** [ ]  **Fall** [ ]  **ESY Only** [ ]  **Other:** |   |
| **What time of day/time frame works best for the student?**  |   |
| **Potential vocational programs the student/district is interested in:**  |   |
| **Does the student require a Skills Coach?** |  |

|  |  |
| --- | --- |
| ***Items necessary to process referral:*** |  |
| [ ]  IEP *(if student has one)* | [ ]  Medical Information | [ ]  Vocational Worksheet |
| [ ]  504 *(if student has one)* | [ ]  Most Recent Physical |  |

***RETURN REFERRAL TO: Student Admissions Office***

 ***Monroe #1 BOCES, 41 O’Connor Road, Fairport, NY 14450***

 ***Phone: (585) 383-2232 Fax: (585) 383-6402***

 *Revised 9/2022*

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |   | Date: |   |
| Teacher: |   | Date of Birth: |   |
| Contact Person: |  |  |  |
| Level of Support: |   | 1:1 Para |   | 1:1 AT | Other: |   |

|  |
| --- |
| 1. What are the student’s vocational interests/outcomes?
 |
| 1. What employment skills does the student possess?

  |
| 1. What employment skills/abilities does the student need to work on?

  |
| 1. What area impacts the student most significantly throughout the day? (Mental Health/Social/ Communication – please describe.)
 |
| 1. In which Vocational/Work Based Learning experience(s) has the student already participated? (Please comment on progress and challenges for the student.)
 |
| 1. What are the functional limitations/barriers to employment?
 |
| Suggested Placement (complete after meeting discussion): |   |