**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): |  |