

MONROE #1 BOARD OF COOPERATIVE EDUCATIONAL SERVICES



Michael A. Glover, Ph.D.
Interim District Superintendent

Joyce Esch
Director of Career and Technical Education

CAREER & TECHNICAL
SPECIAL SERVICES REFERRAL

STUDENT INFORMATION:

Name: Student I.D.#
Guardian: Social Security #
Address: Home District:
DOB Grade Sex
Phone: Classification (Attach I.E.P.)
Emergency Phone: Medical Conditions: No Yes (Attach adtl. info.)

REFERRAL INFORMATION:

For School Year
Proposed Program
Multi-Occupational
Bridge (11:45-1:50)
EMCC
Career Assessment
Transition Work Study (AM PM) Supported Work Work Training
Prior Career & Technical (C&T) and/or work experience
Most Recent Career Assessment (Date)
Career & Technical Preference: 1st semester (first choice) (second choice)
2nd semester (first choice) (second choice)

Referred by Name Title Phone
Current School Contact Name Title Phone
Future Contact Name Title Phone
Teacher School

For BOCES Office Use Only
Date Received
Start Date
Start Time Session Block

Approved by:
Referral Program Administrator
Date

Items necessary to process referral: (Unable to process without required information)
Medical/Emergency Care Information
I.E.P.
Level I Assessment

RETURN FORM TO: Eastern Monroe Career Center - Ph: (585) 387-3883 Fax: (585) 387-3800