



Career Assessment Referral & Permission Form

A Career Assessment is an evaluation process designed to help students understand how personal interests, aptitudes, learning styles, work preferences, strengths, and weaknesses impact career decisions leading to successful education and training outcomes.

Career Assessment Office: Julie Green 513-932-5677 ext. 5221
Fax: 513-932-3810

TO BE COMPLETED BY HOME SCHOOL REFERRING PERSONNEL

School District: _____

Student Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Contact Number: _____

Current Grade: _____ School ID#: _____ Disability Code: _____

Is the student interested in attending Warren County Career Center: (circle one) YES NO

If so, what are the student's reported interests (1) _____ (2) _____

Signature – Home School Referral Person: _____ Date: _____

TO BE COMPLETED BY PARENT/GUARDIAN *****PERMISSION***** (check to indicate your choice)

I give permission for my son/daughter _____ to participate in a career assessment to be conducted at the Warren County Career Center. Transportation will provided by the home school district to and from the Career Center. I give my consent for the release of assessment information to the referring school personnel.

I DO NOT give my permission for my son/daughter to participate in a career assessment. (When checking here, disregard the following sections and sign and date below

Signature Parent /Guardian: _____ Date: _____

Daytime contact numbers: Mom Cell _____ Dad Cell _____ Other _____

E-Mail Address: _____

TO BE COMPLETED BY PARENT/GUARDIAN *** MEDICAL INFORMATION***

Please list any food allergies, physical or medical concerns your son/daughter has: _____

It is the policy of the Warren County Career Center to offer educational activities, programs, services and employment without regard to race, color, national origin, gender, religion, handicap, or age.