

THE SCHOOL BOARD OF ST. LUCIE COUNTY

Referral for Job Coaching Services or Employment Assistance

School \_\_\_\_\_
Date Submitted \_\_\_\_\_
Name of Student \_\_\_\_\_ ID# \_\_\_\_\_
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone \_\_\_\_\_
Mailing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

THIS SECTION IS TO BE COMPLETED BY THE STUDENT. PLEASE CHECK SERVICES REQUESTED FROM THE JOB COACH.

Grid of checkboxes for services: Résumé, Interview Skills, How to complete a job application, Mentoring, Monthly employer evaluations, Un-Paid work experience, Job shadowing opportunities, Video-Interviewing, Assistance with referrals to agencies, Transportation Information, Monthly follow-along services for employed students, Comments: \_\_\_\_\_

Student's Signature \_\_\_\_\_

THIS SECTION MUST BE COMPLETED BY SCHOOL PERSONNEL. CHECK ALL THAT APPLY

Checkboxes for school personnel completion: What is the student's cumulative GPA? \_\_\_\_\_, Has the student participated in a vocational aptitude assessment or completed an interest inventory?, Is the student enrolled in vocational education or a TECH/PREP Academy? If yes please list the courses completed to date. \_\_\_\_\_

FROM THE LIST BELOW, PLEASE INDICATE AREAS OF NEED OR NEEDED IMPROVEMENT FOR THE STUDENT.

Grid of checkboxes for areas of need: Attendance, Attitudes toward peers, Ability to demonstrate on-task behavior, Non-verbal communication, Hygiene and Personal Appearance, Social Skills, Verbal Communication, Comments: \_\_\_\_\_, Ability to follow more than one step directions

Teacher's Signature \_\_\_\_\_

Please submit completed copy to Lesa Kitzmiller at the ESE Office.