

**Nassau BOCES Department of Career and Technical Education
Work, Assessment and Vocational Exploration (W.A.V.E.)
Referral Form for Level II Vocational Assessment.**

STUDENT'S NAME _____ AGE _____ GRADE _____

SCHOOL _____ REFERRED BY _____ PHONE _____

Please complete ALL information on this form. Use reverse side for any comments or additional information

Students who are eligible for a Level II vocational assessment should have approximately 70 full scale IQ and 3rd grade reading level

SEND

- Psychological report (current)
- I.E.P. (current)
- Completed referral for with authorizing signature & date
- Signed Parent Consent Form

To:

Melissa Lewis
W.A.V.E.

Nassau BOCES Barry Tech
1196 Prospect Avenue
Westbury, NY 11590

1. I.Q. TEST DATE _____ SCORES: V _____ P _____ FS _____
2. Current Functional READING LEVEL (Grade Equivalent and Test Dates):

3. Current Functional MATH Level (Grade Equivalent and Test Dates):

4. Primary Language Spoken: (Circle) English Spanish Other: _____
5. Primary Language Read: (Circle) English Spanish Other: _____
6. Classification: (Circle) NONE LD ED MR OHI (Specify): _____
7. Please list Medical Conditions and Allergies:

8. **REASON FOR REFERRAL:**
_____ Information for vocational exploration/college/career counseling
_____ data for assistance with placement into training program
_____ Transitional Planning (IEP)
_____ Other (Please specify on reverse side of this form)
9. IS THE STUDENT **CURRENTLY ENROLLED** IN A CAREER EDUCATION PROGRAM: YES ___ NO ___ If YES (Name Program, Location & Title)

10. Could student benefit from a Career Education Program: YES ___ NO ___

THIS PORTION TO BE COMPLETED BY A TEACHER OR COUNSELOR

- A. CHARACTERISTICS THAT BEST DESCRIBE STUDENT: (Please circle all that apply. You may include other not on this form) Friendly guarded withdrawn outgoing talkative mature immature hostile hyperactive defensive confrontational happy depressed easily-distracted attentive low self-esteem high self-esteem OTHER:
- B. Student's Interests:
- C. Student's Strengths, Skills:
- D. Student's limitations and conditions that could affect his or her performance during the evaluation:
- E. Please indicate any assistive devices used, including eyeglasses, hearing aid, etc.:
- F. Can student use scantron answer sheets? YES NO
- G. Based upon experience with this student, what accommodations does he or she need? (e.g. – enlarged print, reader, etc.)

NASSAU BOCES JOSEPH M. BARRY CAREER & TECHNICAL EDUCATION CENTER

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