

**Nassau BOCES Department of Career and Technical Education**

**Work, Assessment and Vocational Exploration (W.A.V.E.)**

**Parent Consent Form for Level II Vocational Assessment**

**STUDENT'S NAME** \_\_\_\_\_

Your child has the opportunity to participate in a vocational evaluation, the purpose of which is to provide valuable information for career exploration and planning. Your answers to the following questions are important to the evaluation process

1. What are some of the careers that your child is considering?

2. What jobs/careers would you like to see your child pursue?

3. What do you think your child will do after high school? (Please Circle)

Trade School      College      Work      Training      Other:

4. Would you child consider career education/vocational training while in high school?

(Please circle)      No      Yes      Career area or Program: \_\_\_\_\_

5. Please list some of your child's strengths, talents, hobbies and skills:

6. In what activities does your child show interest?

7. What activities does your child seem not to enjoy?

8. What chores is your child responsible for at home? \_\_\_\_\_

How well does he/she complete these chores? \_\_\_\_\_

What assistance does he/she need to complete them? \_\_\_\_\_

9. Does your child get ready for school in the morning independently? \_\_\_\_\_

If not, what assistance does he or she need? \_\_\_\_\_

10. Does your child have any medical issues which need to be considered in his/her school program or career choice?

11. What paid or volunteer work experience has your child had?

12. What means of transportation is your child able to use independently?

(Please circle)      Car      Public Bus      Train      Other:

I hereby give my consent to allow my child to participate in a vocational evaluation at Nassau BOCES Barry Tech. I also give permission to the school district to release any relevant information such as previous testing and other documentation necessary to assist in the evaluation process. I understand that all information will remain confidential.

PARENT OR LEGAL GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_