

**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 3<sup>rd</sup> 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 You may include other not on this form) Friendly guarded withdrawn outgoing talkative mature immature hostile hyperactive defensive confrontational happy depressed easily-distracted attentive low self-esteem high self-esteem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.)