



# Work Based Learning Program Referral Form

**Email or Scan to your WBL Teacher Contact (Traci Kinney or Katie Herczeg)**

Student Status:  New  Returning Referral Date: \_\_\_\_\_ Currently in CCTI/LCTI?  No  Yes, Program? \_\_\_\_\_

Student's Name: \_\_\_\_\_ School Year Referring for: \_\_\_\_\_ Grade for School Year Selected: \_\_\_\_\_

Address: \_\_\_\_\_ PA Secure ID #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ IEP Meeting Date: \_\_\_\_\_ IEP Implementation Date: \_\_\_\_\_

Home District: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Class Location: \_\_\_\_\_

Anticipated Year of Graduation: \_\_\_\_\_

1. **Student's Disability:** \_\_\_\_\_

2. **Medical/Physical Concerns** (Check all that apply & explain below):  Seizure  Dietary Restrictions  Food Allergies  Environmental Allergies  
 Epipen Inhaler  Walker  Cane  Wheelchair (Wheelchair Van needed?  No  Yes)

3. For success in the workplace, please list the following:

A. Is there a **Behavior Plan**?  No  Yes

B. **Specific behaviors** (past or present)/triggers/signals to be aware of while in the community:  No  Yes If Yes, explain below:

C. **Sensory issues**/idiosyncrasies/phobias/routine habits to be aware of in the community:  No  Yes If Yes, explain below:

D. **Class de-escalation** techniques that can be effective while in the community:  No  Yes If Yes, explain below:

E. **Positive reinforcers** (verbal, non-verbal, desired objects, etc):  No  Yes If Yes, explain below:

F. **One-to-One staff/nurse** to accompany student?:  No  Yes  IA or  PCA or  Nurse If Yes, explain below the 1:1's role.

4. Mode of **Communication** (Check all that apply and explain below):  Verbal  Device  Gestures  Photos/Symbols  Signing

5. Preferred Environment:

Additional Information:

**District LEA Approved Sessions Per Week (1 session = 1/2 day):** \_\_\_\_\_

Day(s)/Time(s) of Week student **CAN NOT go to WBL:** Mon.  am  pm Tues.  am  pm Wed.  am  pm Thurs.  am  pm Fri.  am  pm

*\*\*The more days/times WBL has to work with, the more options the student has in regards to sites.\*\**

An Electronic Signature is Acceptable.

**District LEA Rep. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."

3/22/2021