

## 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 #:
	IEP Meeting Date: IEP Implementation Date:
Parent/Guardian Name:	DOB: Age: Phone:
Home District:	Class Location:
Teacher Name:	Anticipated Year of Graduation:
1. Student's Disability:	
	<i>in below):</i> Seizure Dietary Restrictions Food Allergies Environmental Allergies
Epipen Inhaler Walker Cane Wheelchair (Whee	elchair Van needed? 📋 No 📋 Yes)
<ol> <li>For success in the workplace, please list the following:</li> <li>A. Is there a <b>Behavior Plan</b>?:  No Yes</li> </ol>	
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 l	be aware of in the community:
D. Class de-escalation techniques that can be effective whi	ile 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. <b>One-to-One staff/nurse</b> to accompany student?:	Io Yes IA or PCA or Nurse If Yes, explain below the 1:1's role.
4. Mode of <b>Communication</b> (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 = ½ 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	
<b>**</b> The more days/times WBL has to work with, the more options the student has in regards to sites. <b>**</b>	
An	Electronic Signature is Acceptable.
District LEA Rep. Signature:	Date:
Help	oing Children Learn
3/22/2021 "CLIU is a service agency committed to Helping Children Learn."	

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