

OZARKS TECHNICAL COMMUNITY COLLEGE
CAREER CENTER COUNSELING & ASSESSMENT

VOCATIONAL ASSESSMENT REFERRAL FORM

Phone (417)447-6983 Fax (417) 447-6979
Mailing Address: Career Center Counseling & Assessment
1001 East Chestnut Expressway
Springfield, MO 65802-3625

Referral Agent: Please complete this form. Individuals in secondary education must also have the Parent/Guardian Permission Form completed. Students must be successfully mainstreamed into two core academic classes. Return these forms and a copy of the academic transcript, and when applicable, IEP and Diagnostic Summary to Career Center Counseling & Assessment. Upon receipt of these items, a staff member will contact the Referral Agent to schedule an appointment.

Name: _____ DOB: ____/____/____ Female: ____ Male: ____

Address: _____

Parent/Guardian: _____ Telephone: _____

Highest Grade Completed: ____ Social Security #: ____/____/____ A+ Program: Yes ____ No ____

If Applicable, List Disability: _____ Current Grade Point Average: _____

Specific Referral Questions:

1. _____

2. _____

Medical or Other Information That Will Assist with Assessment Planning:

List Any Prescribed Medicines: _____

School/Agency: _____ Telephone: _____

Preferred Time: _____ AM (3 Sessions) _____ PM (3 Sessions) _____ All Day (1 Session)

Referral Agent's Signature: _____ Date: _____

For Counseling & Assessment Use Only:

Assigned to: _____ Date Received _____ Date for assessment: _____

NOTES: _____

NON-DISCRIMINATION STATEMENT

Ozarks Technical Community College prohibits discrimination and harassment and provides equal opportunities in its admissions, educational programs, activities, and employment regardless of race, color, religion, gender, national origin, age, marital status, sexual orientation, political affiliation, veteran status, and disabilities that include HIV and AIDS, and medical conditions. Bona fide occupational qualifications will be allowed in those instances where age, gender, and or physical requirements apply to the appropriate and efficient administration of the position. Any person having inquiries concerning OTC's compliance with these regulations may contact the following:

For employment inquiries:

Alice Ramey, Title IX & Section 504 Coordinator
1001 E. Chestnut Expressway
Springfield, MO 65802
Ph. 417-447-2631

For student inquiries:

Assistant Dean of Disability Support Services
1001 E. Chestnut Expressway
Springfield, MO 65802
Ph. 417-447-8188