

# OZARKS TECHNICAL COMMUNITY COLLEGE

## CAREER CENTER COUNSELING AND ASSESSMENT

### PARENT/GUARDIAN PERMISSION FORM

Individuals in secondary education must have Parent/Guardian permission to receive assessment and career exploration services and activities from Career Center Counseling and Assessment. A Parent/Guardian should sign this form and return it to the Referral Agent or High School Counselor. Thank you.

I hereby give my permission for \_\_\_\_\_ to participate in assessment and career exploration services and activities provided by Career Center Counseling and Assessment and/or through *OTC Student Services*. This is valid for assessment and career exploration services and activities on the campus of Ozarks Technical Community College and the student's sending high school. Permission is good for three years from date of signature.

Assessment information can be released to Ozarks Technical Community College and/or my student's sending high school. This information may be released in written and/or verbal form. This release is valid for three years following the date that assessment and career exploration services and activities were completed.

I have attached specific medical information that could influence safety and performance.

\_\_\_\_\_  
Parent/Guardian Name (PLEASE PRINT)

\_\_\_\_\_  
Name of Student's High School

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your home address including city, state, and zip code for mailing assessment results.

For additional information concerning the assessments, career exploration services and activities provided by Career Center Counseling and Assessment, please contact a counselor listed below:

**Alan Tillery, MS, CRC**  
**Secondary Counselor**  
**Ph. 417-447-6976**

**Piper Wilson, MS, PLPC**  
**Secondary Counselor**  
**Ph. 417-447-6977**

For additional information concerning testing and career exploration services and activities provided by Ozarks Technical Community College's Student Services, please contact a representative at 417-447-6900.

### Map Out Your Career Path

- **FREE** services available to qualified area high school students
  - Detailed skills assessment and interest surveys
  - Understanding your work aptitudes and values
- Guidance in developing realistic career goals and selection of courses
  - Detailed reporting for the student, parent, and school agent

#### 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, or physical requirements apply to the appropriate and efficient administration of the position.

Any person having inquiries concerning Ozarks Technical Community College compliance with the regulations implementing Title VI and Title IX is directed to contact the representative listed below.

#### For Student Inquiries

[Assistant Dean of Disability](#)

Title IX and Section 504 Coordinator

1001 E. Chestnut Expressway

Springfield, Missouri 65802

417-447-8188

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## CAREER CENTER COUNSELING AND 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: \_\_\_\_\_  
*Street City State Zip*

Parent/Guardian: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ A+ Program: Yes \_\_\_\_\_ No \_\_\_\_\_

If Applicable, List Disability: \_\_\_\_\_ Current Grade Point Average: \_\_\_\_\_

Purpose of assessment: (e.g. Career Center and/or Middle College referral, career exploration)

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: \_\_\_\_\_

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