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East Moline, IL 61244  
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Christan Schrader  
Director

### REQUEST FOR VOCATIONAL EVALUATION

**Student's Full Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**District:** \_\_\_\_\_ **Building:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Primary Implementer/School Contact:** \_\_\_\_\_

**Primary Disability:** \_\_\_\_\_ **Secondary:** \_\_\_\_\_

**Request Prepared By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PARENT/GUARDIAN CONSENT FOR VOCATIONAL EVALUATION

Your child is being referred to Black Hawk Area Education District for a vocational evaluation.

A vocational evaluation will provide information about your student's strengths, needs, interests and abilities for work and independent living. The information gathered through this process will assist the student, the family, and the school with preparing for transition. The evaluation may be completed by persons employed by or contracted by Black Hawk Area Education District. Evaluation may take place in the school, the home, at the BHASED office, or at the UTHS Area Career Center.

Please check one:

- I give permission for Black Hawk Area Special Education District to provide a vocational evaluation.
- I refuse to give permission for Black Hawk Area Special Education District to provide a vocational evaluation.

\_\_\_\_\_

DateParent/Guardian Signature

AlWood #225   Carbon Cliff #36   Colona #190   East Moline #37   Hampton #29   Mercer County #404   Moline #40  
Orion #223   Riverdale #100   Rockridge #300   Rock Island #41   Sherrard #200   Silvis #34   UTHS #30