

Northwest Education Services Career Education Work-Based Learning Paperwork Checklist

(Please check as completed)

REQUIRED DOCUMENTS (PROVIDED IN PACKET):

- □ Student Face Sheet
- □ Training Agreement(s) <u>signatures required</u>
- □ Training Plan
- □ Release of Information <u>signatures required</u>
- <u>Current</u> Student Emergency form (check for accuracy/legibility/updates)

REQUIRED DOCUMENTS, FROM RESIDENT DISTRICT:

□ Current IEP, (<u>COMPLETE</u> with goals pages, reports and evaluations)

REQUESTED DOCUMENTS, FROM RESIDENT DISTRICT:

(Provide as available)

- □ Transition Plan
- □ EDP
- □ Accommodations Requests Page (if applicable)
- □ Transition or Functional Assessment(s)
- Most Recent Student Report Card

TO BE COMPLETED BY TEACHER

Northwest Education Services Career Education

Work Based Learning Student Face Sheet

TO BF COMPLETED **BY TEACHER**

STUDENT/LEARNER INFORMATION

Last Name:		First Name:	Birthdate:
Home Address:			
Student Lives with (a	check one):		
Parent/Guardian	□ Foster Care	🗆 Independently 🗆 Other (plea	se specify)
Student is (check one):			
🗆 Their own Guardi	an OR		
□ Another person has <u>Full</u> Guardianship (name/relationship:)			
□ Another person is a <u>Partial</u> Guardian, overseeing <i>(please specify)</i> : □ Education □ Medical □ Financial			
Home Telephone #:	·		
Alternate #(s) (Paren	t/Guardian cell/	work):	
Parent/Guardian/Res	sidential Provide	er NAME(s) & email:	

SCHOOL INFORMATION

Resident School Name & Address:

Teacher Name, Phone Number(s) & email:

Other Services/Evaluations/Special Education Supports -

(Please specify name of individual provider, if known)

- Occupational Therapy _____
- □ Speech Therapy _____
- D Physical Therapy ______
- Hearing Impaired Svcs.
- □ Visually Impaired Svcs. _____
- Orientation/Mobility Svcs.
- Autism Consultant ______ School Psych Svcs.
- □ Social Work Svcs. _____