

LOS GATOS-SARATOGA UNION HIGH SCHOOL DISTRICT

PARENT CONSENT FORM: WORKABILITY I PROGRAM

By signing below, I give my consent for _____
to participate in the Workability I program.

I understand that a student may receive any combination of the services below, depending on individual need and work readiness.

Services available may include activities in these areas:

- Vocational skills and readiness testing
- Employment skills training
- Transition planning
- Job search and job development
- Job placement
- Referral to community support agencies

Please sign and date below:

Parent/Guardian signature

Date

Please return this form to your students' special education teacher or mail/fax/scan to me:

17421 Farley Road West,
Los Gatos, CA 95030
Fax: (408) 354-4198
kstgeorge@lgsuhd.org

Thank you,
Kristy St. George
Workability Coordinator
(408) 402-6317