

PINELLAS COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION (ESE) DEPARTMENT
CAREER PLACEMENT REFERRAL

PERSONAL INFORMATION

NAME			
Last	First	MI	SEX
ADDRESS			
Street	City	Zip	
HOME PHONE NUMBER		PARENT WORK/CELL NUMBER	
ESE TEACHER			DATE
REFERRING SCHOOL	GRADE	DOB	AGE

PERSONAL PROFILE (to be completed by referring ESE Teacher)

Temperament of student: 			
Ability to get along with students, teachers and administrators: 			
Student has taken: CBI _____ TA _____ Career Prep _____ Career Ed _____ PTC _____ Technology _____ CAS _____ CAC _____ HS Vocational Courses _____			
Instructional Reading Level:		Instructional Math Level:	
		Exceptionality:	
Additional Comments: 			

PHYSICAL RECORD

Physical impairment that may impact the type of job 		
Type and purpose of any medication 		
Person to notify in case of emergency 	Relationship 	Phone Number
RELEASE OF INFORMATION/PERMISSION FOR EARLY RELEASE The Assistant Superintendent for Exceptional Student Education, Pinellas County Florida (or designee), is authorized to release the above educational and medical information related to possible employment. If my son/daughter is enrolled in the Career Placement Program, I give permission for early release from school each day.		
Parent/Guardian Signature:		Date: