Career Assessment & Exploration
Saint Paul College
2016-2017

Referral Information

Date:

Student Name: CIF#:

School/Program: Grade:

Work Coordinator: Case Manager:

Session Information

Please indicate preferred session(s) (Mon. – Thurs., 12:30-2:00 PM)

_____1: (9/12/16-10/13/16) _____3: (1/30/17-3/2/17)
_____2: (11/14/16-12/15/16) _____4: (3/27/17-5/4/17)

Accuplacer/Companion Placement Test

Has student tested before? Date(s):___________________

Testing Accommodations? Yes or No (circle one)

• If yes, list accommodation(s):____________________________
  • Is the accommodation documented in IEP? Y or N

Minnesota Career Information System (MNCIS)

Has student used Minnesota Career Information System (MNCIS) before?

Yes or No (circle one)

Username: Password:

Please FAX or email referral form AND IEP to Liz Cole at
(651) 293-5998 (fax) elizabeth.cole-degroot@spps.org