

The Fairhaven School

420 Lincoln Way | Niles, OH | 44446

Phone: 330.652.5811 || First: 330.652.5864

www.tcbdd.org

APPLICATION FOR VOCATIONAL (C.I.T.E.) SERVICES

A. CONTACT INFORMATION			Shirt Size:		
Student Name:		Age:	Birthdate:	1_1_	
Parent/Guardian:			WAR THE	,	
City:	Stat	e: Zip Cod	e:		
Home Phone:	Work Phor	ne:C	ell Phone:		
What school district	does your son or daugh	ter attend?		webstablished.	
B. BACKGROUND	INFORMATION				
1. Mark an area of in	terest of your son or da	ughter:			
□ Housekeeping	□ Warehouse Settir	ng 🗆 Dietary	□ Pre-vocat	ional Skills	
and classroom activi	ties?			e chores, duties in the community,	
3. Does your son or o	daughter require any nu	rsing or medical needs?	If YES please ex		
4. Does your son or	laughter have any beha	vioral issues? If YES pl	lease explain belov	w.	
5. Has your son or d	aughter participated in t	he Career Assessment :	at Trumbull Caree	r & Technical Center?	
ДΥ	ES DNO				
6. Have you particip	ated in this program pre	eviously or applied for s	ervices?		
$\Box \mathbf{Y}$	es ol	40			
Program. This appl program, contact w	ication indicates you a ill be made by the TC	are interested in service	ces. If your son or dinator, Jessica N	acceptance into the C.I.T.E. r daughter is accepted into the Mazei. Contact will be made with	
SIGNATURE OF	PARENT AND/OR C	GUARDIAN	, A. J.	DATE//	
	FAwa	ed I. Stark, M.S.M.	Superintende	ent	

Opportunities for Ohioans with Disabilities (OOD)

Opportunities for Ohioans with Disabilities (OOD) is the state agency that partners with Ohioans with disabilities to achieve quality employment, independence and Social Security disability determination outcomes. OOD provides Pre-Employment Transition Services (Pre-ETS) to students with disabilities who have an open Vocational Rehabilitation (VR) case or are potentially eligible (PE) for VR services.

I encourage you to visit this resource and learn more about OOD and their services https://eod.chio.gov/wps/portal/gov/ood/