

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 SHELTERED WORKSHOP SECTION
**APPLICATION FOR APPROVAL OF APPLICANT FOR
 EXTENDED EMPLOYMENT SHELTERED WORKSHOP EMPLOYMENT**

Shaded sections MUST be completed for certification; incomplete applications cannot be accepted.

SHELTERED WORKSHOP MANAGER REPORT			
NAME OF APPLICANT	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE	ZIP CODE
LAST SCHOOL ATTENDED	HIGHEST GRADE COMPLETED OR NO. OF YEARS ATTENDED	SPECIAL EDUCATION <input type="checkbox"/> YES	
EVER WORKED IN COMPETITIVE EMPLOYMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No PREVIOUS EMPLOYMENT			
WORKSHOP REFERRAL			
MANAGER'S SIGNATURE	WORKSHOP NAME	DATE APPLICANT INTERVIEWED	
VOCATIONAL REHABILITATION COUNSELOR EVALUATION			
GENERAL PHYSICAL EXAMINATION PERFORMED DURING PAST 12 MONTHS BY 	NAME OF PHYSICIAN	DATE OF EXAMINATION	
DIAGNOSING PHYSICIAN OR PSYCHOLOGIST 	NAME OF SPECIALIST	DATE OF EXAMINATION	
ADDRESS	CITY	STATE	ZIP CODE
MAJOR HANDICAP	ONSET DATE		
OTHER HANDICAP(S)			
LIST FACTOR(S) WHICH DEEM PERSON UNEMPLOYABLE IN COMPETITIVE JOBS			
UPON THE BASIS OF MY EVALUATION AND UPON A REVIEW OF PREVIOUS TRAINING RECORDS OF THIS CANDIDATE FOR EMPLOYMENT, I FEEL THAT THE ABOVE NAMED APPLICANT IS UNEMPLOYABLE IN COMPETITIVE INDUSTRY BUT HAS SUFFICIENT WORK CAPACITY TO QUALIFY AS AN EMPLOYEE IN AN EXTENDED EMPLOYMENT SHELTERED WORKSHOP.			
VOCATIONAL REHABILITATION COUNSELOR NAME	SIGNATURE	DATE	
DISTRICT OFFICE	ADDRESS		
CITY	STATE	ZIP CODE	
INSTRUCTIONS  SEND COMPLETED FORM FOR APPROVAL TO: DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION SHELTERED WORKSHOP SECTION P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102			
SHELTERED WORKSHOP SECTION APPROVAL			
DIRECTOR E.E. SHELTERED WORKSHOPS		DATE APPROVED FOR WORKSHOP EMPLOYMENT	