

VEP Application

Vocational Evaluation Program

VEP provides a short-term vocational assessment for students from Rockingham County Public Schools and Harrisonburg High School interested in vocational training at Massanutten Technical Center. With the case manager's support, students with disabilities enrolled in a Rockingham County Public Schools high school may submit an application. Please review the list of prerequisites for participation in the program prior to submitting your application.

Criteria for participation in VEP

Students should:

1. be in 9th or 10th grade.
2. anticipate enrolling at MTC in the future.
3. have been identified with a mild to moderate disability with an IEP.

Student's Name: _____ School: _____ Grade: _____
Case Manager: _____ Date of Birth: _____ Age: _____
Diploma Option: _____ Projected Graduation Date: ____/____/____
Primary Disability: _____ Secondary Disability: _____

Circle three areas of interest from the programs listed below:

Auto Technology	Carpentry	Computer Repair/Networking	Masonry	Fire & Rescue
Robotics	Collision Repair	Cosmetology	Vet Tech	Dental Assistant
Criminal Justice	Diesel Technology	Drafting	Health Careers	Electricity
Restaurant Careers	Welding	Computer Animation/Webmaster	Heating & Air Conditioning	

Description of the student including strengths, weaknesses, and other vocationally relevant information pertaining to the programs listed above:

Specific Evaluation Objectives:

It is the policy of Rockingham County School Board to comply with all applicable state and federal laws regarding nondiscrimination in employment and educational programs and services. Rockingham County Public Schools will not discriminate illegally on the basis of sex, race, religion, national origin, disability, or age as to the employment or educational programs and activities.

_____/_____/_____
Student Signature **Date**

**** Please attach a copy of the student's IEP and emergency care form.**

**** Please return all requested materials to Gloria Ottaviano, Massanutten Technical Center.**

Parent Permission

I give my permission for my child to participate in the VEP vocational assessment. I understand that transportation will be provided to Massanutten Technical Center (MTC), and all programming for the vocational assessment will take place at MTC.

_____/_____/_____
Parent/Guardian signature **Date**

(revised 1/30/09)