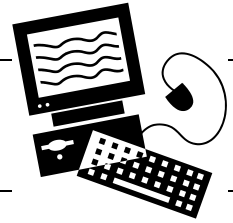


Computer Technologies Program Referral Form



Client's Name:

Date:

Phone:

Social Security #:

E-Mail:

Referring Counselor:

Phone:

E-Mail:

Training Course Desired

Computer Skills Bootcamp

Office Systems Training

Network & Technical Support Training

Additional Services (check if applicable):

Employment Services

Job Goal:

Low-Cost Computer

SOC or Title

Disability(s) (including Learning Disabilities):

Rehabilitation Barrier/Pertinent Factors Affecting School/Employability, including Status within the Legal System (arrests, convictions, parole, probation):

Accommodations Needed:

Please Include All Applicable Items:

Test Scores

Psychological/Medical Evaluation

Transcripts

Release form to Exchange Information

RAP (Record of Arrest and Prosecution) sheet

Please Return to: Admissions & Student Services Coordinator

Computer Technologies Program

3075 Adeline St Suite 240, Berkeley, CA 94703

510-849-2911 ext. 303 / 510-849-2968 Fax

E-Mail: cara@ctpberk.org