Computer Technologies Program Referral Form

<table>
<thead>
<tr>
<th>Consumer Information</th>
<th>Referring Counselor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ___________________</td>
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<tr>
<td>Phone ___________________</td>
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<td>Email ___________________</td>
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</tbody>
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**Consumer Information**

**Training Program(s) Desired**
- [ ] Introductory Computer Classes
- [ ] Office Admin. training
- [ ] Customer Service Training
- [ ] Computer Technician Training

**Employment Goal** ______________________________________________________

**Disability(s) (including Learning Disabilities)**

________________________

**Other barriers to employment**

________________________

**Accommodations needed**

________________________

**Please Return to**

Computer Technologies Program  
3075 Adeline St Suite 240, Berkeley, CA 94703  
510-849-2911 ext. 4003 / 510-849-2968 Fax  
admissions@ctpberk.org

Did you know CTP sells computers?