

Center on Rehabilitation Synergy
State University of New York at Buffalo

Parker Hall, Room 316, 3435 Main Street Buffalo, New York 14214-3007

716-829-6228 (phone) 716-829-6084 (fax)

REGISTRATION FORM

PLEASE TYPE OR PRINT CLEARLY

TITLE OF COURSE: School Based Assessment for Adult Vocational Planning

DATE OF COURSE: _____ **CITY:** _____

Your Name: _____ Home Phone: _____
(please indicate: Mr., Ms., Mrs.) (for emergency cancellations only)

Job Title: _____

Your Phone: _____ Your E-mail _____

School/Agency Name: _____

School/Agency Mailing Address: _____

City: _____ State: _____ Zip _____

Phone: (____) _____ Fax: (____) _____ E-mail _____

Supervisor: _____ His/Her Email: _____

Are you a veteran? ___ Yes ___ No Do you have a disability? ___ Yes ___ No

Do you need material in alternate format? A minimum of three weeks notice is required.

___ Braille ___ Disk ___ Large Print, specify font/size _____ ___ Sign Language Interpreter

___ Closed Captioning ___ Assistive Listening Device, please specify: _____

To make your training as comfortable and successful as possible, what type of assistive devices/services do you currently use?

___ Motorized Wheelchair ___ Manual Wheelchair ___ Scooter ___ Guide Dog

___ Personal Aide ___ Other, please specify _____

Highest education level obtained: High School Associates Degree Bachelor's Masters Doctorate

Which best describes your ethnic background? Black Non-Hispanic White Non-Hispanic Hispanic
 Native American Asian or Pacific Islander Other

~~~~~ Mail registration form to: ~~~~~

**Michelle Grasso**

**Model Transition Program**

**316 Parker Hall / SUNY at Buffalo**

**3435 Main Street**

**Buffalo, NY 14214-3007**