

To Whom It May Concern:

Thank you for referring your student to the Transportation Communications Union/International Association of Machinists (TCU/IAM) program at the Excelsior Springs Job Corps Center. Our admissions team looks forward to working with you and your potential candidate.

Below is a list of the items you should copy and send to us for review within 7 days of receiving the TCU/IAM Acceptance letter. We ask that all items be compiled and sent in 1 (one) single envelope/ mailing to my attention and addressed as indicated at the bottom of this page.

Note: Please ensure that the information you send is complete and exactly as requested so your application may be processed in a timely manner and not delayed.

- Regional approval letter or email
- Current/Updated Student Profile/ETA 640
- CIS Student Conduct File.
- High School Diploma or GED certificate.
- Data Sheet/ETA6-52. (Pages 1 thru 3)
- Birth Certificate
- Social security card.
- Complete Student Health Summary Checklist– See Below
- IEP - if the student doesn't have an IEP this needs to be documented in a letter. If the student does have an IEP it must accompany the applications
- Case notes
- Student Essay
- Completed vocational E TAR with two electronic signatures on the last page
 - All lines signed by student and instructor
 - Beginning and ending dates on the front of the TAR must match what is in CIS.
 - All TAR line items must have a performance rating of a 2 or a 3.
 - All TAR line items must have a student signature and a staff signature.

Please schedule a telephone interview with our TCU/IAM Coordinator, Mrs. Tamara Moore-Henderson. Her telephone number is (816)629-3277. Please notify me when this interview has been completed.

Send complete files to:

Caroline C. Pauley, Director of Programs
Excelsior Springs Job Corps
701 St. Louis Ave.
Excelsior Springs MO 64024
Phone: 816-629-3101 FAX: 816-629-3833
e-mail: Pauley.Caroline.C@jobcorps.org

Incomplete files will not be approved. If you need further assistance please let me know.

Kindest Regards,
Caroline Pauley
Director of
Programs

EXCELSIOR SPRINGS JOB CORPS CENTER
STUDENT TRANSFER SUMMARY CHECKLIST

Complete summary and forward to the receiving center at least 2 weeks prior to student arrival (refer to PRH-6: 6.4, R2(c)). Each summary section must be completed.

GENERAL INFORMATION

Student Name: _____ DOB: _____ ID#: _____

Date of Entry: _____ Transferring Center: _____

Date of Transfer: _____ Receiving Center: _____

Insurance (check all that apply):

Private insurance: Yes No If yes, enter insurer: _____

Medicaid: Yes No If yes, enter state: _____

Other (specify): _____

Allergies: _____

Current medication(s) and dosage(s): _____

Upcoming appointments (e.g., orthodontic, off-center healthcare provider): _____

ACCOMMODATIONS

Check one:

Accommodation plan is attached Student does not have an accommodation plan

Comments (include any specific additional information that needs to be known in relation to the student's accommodation plan such as the use of specific technologies or other information that was helpful in implementing the plan): _____

Disability Coordinator Signature: _____ Date: _____

Disability Co-Coordinator Signature: _____ Date: _____

HWM Signature: _____ Date: _____

MEDICAL

Date of last medical assessment: _____

Medical summary (include diagnoses, chronic/acute conditions, and treatments): _____

Activity/Diet/Vocational Restrictions: _____

Provider Signature: _____ Date: _____

ORAL HEALTH

Check all that apply:

- Refused elective oral examination
- Received oral health treatment
- Received elective oral examination
- Refused oral health treatment

If student received priority classification, current priority classification: 1 2 3 4

Does the student have orthodontics? Yes No

If yes, is an updated orthodontic treatment plan in place? Yes No N/A

Oral health summary (include diagnoses, chronic/acute conditions, and treatment): _____

Center Dentist Signature: _____ Date: _____

TEAP

Entry Toxicology: Negative Positive If positive, list drug(s): _____

Suspicion testing dates/results (if applicable): _____

TEAP summary (include results of initial assessment, interventions, and dates of all contacts with TEAP Specialist): _____

TEAP Specialist Signature: _____ Date: _____

MENTAL HEALTH

Check one:

- Student received mental health services
- Student did not receive mental health services

Mental health summary (include clinical impressions from initial intake assessment, interventions [on and/or off center], medications, and any other relevant care management contacts with the CMHC): _____

CMHC Signature: _____ Date: _____