



IMPERIAL VALLEY REGIONAL OCCUPATIONAL PROGRAM

Project WORKABILITY

687 State Street
El Centro, CA 92243
(760) 482-2640
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I.E.P. WORKABILITY ENROLLMENT

Date _____

_____ is enrolled in the WorkAbility I Program at
Students' name

_____. WorkAbility was written into his/her I.E.P.
School site

on _____.
Date

Respectfully,

WorkAbility Coordinator