



YOUTH PROGRAMS

Referral Form - High School

Name of Student: _____

Date of Birth: _____ School Attending: _____

Will this student receive academic credit for participating in our programs? Yes _____ No _____

Current IEP on File: Yes _____ No _____

Disability: Learning _____ Emotional _____ Physical _____

Please describe (ODD, DCD, Hearing Impaired, etc.): _____

Do you expect this student to work in a competitive work situation in the future? Yes _____ No _____

Current Reading Grade Level _____ Current Math Grade Level _____

Referred for the following services:

_____ Employment _____ Career Exploration _____ Job Seeking / Job Keeping Skills

_____ Other (explain) _____

Please describe which methods of learning work best for this person (i.e. repetitive, visual, hands-on, use of checklists) and what accommodations need to be made, if any. Please be as specific as possible. The more information available regarding behaviors, learning styles, etc. the better the chance for success. Use back of page if necessary.

Signature

Date

Title

School