



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

Phone #/Email Address

Updated: 1/25/2012