YTP Teacher Referral

**\*\* Parents and students must be notified before a YTP referral is made.**

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| Student name: | School district:  School Student attends: |
| Date of Birth: | Grade: |
| Referring teacher:  Date Parents/Student Notified: | Date of referral: |
| Projected Graduation Date : | Type of Diploma: |
|  |  |
| Parent/Guardian name: | |
| Address: | |
| Post Office Box: | |
| City: Zip: Phone: | |
| Email: | |

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| Student Disability(ies) |
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| Does disability present ‘a barrier to employment’? Please explain & refer to Functional Limitation Statement list. |
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| Does the student have a current IEP or 504? If no, explain or see student eligibility form. |
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| Why is this student being referred to the Youth Transition Program? Please be specific. |
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| Do you feel this student has the potential for competitive employment? Why or Why not? |
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\*\* *Attach Functional Limitation Statement* Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_