



YOUTH CONNECTIONS
6800 Hoke Road, Englewood, OH 45315

Partner School Counselor:

Please take the time to review this referral packet for it has changed. There are some fields that have been recently added to the referral form to assist us with supplying required information to the state and to our EMIS coordinator. **Parents and/or students should not fill out this form.**

Directions:

1. Please be sure to **PROVIDE ALL REQUIRED INFORMATION LISTED IN THE CHECKLIST BELOW** in order for us to consider the student for enrollment at Youth Connections.
2. Please attach copies of any state mandated scores **including all attempts for each test.**

Check List:

- _____ Referral Form (Completed & Signed by School Personnel)
- _____ Copy of End of Course Test Scores including all attempts for each test
- _____ Copy of Transcripts
- _____ Curriculum Sheet (Completed & Signed by School Personnel)
- _____ Copy of Custody Papers (if applicable)
- _____ Copy of IEP/504 Plan (If applicable)
- _____ Please provide detailed discipline record for any serious infraction including suspension and/or expulsion

Your accurate completion of the referral packet is greatly appreciated. **Students will not be considered for placement in Youth Connections until all referral packet information is completed and received.**

Please return to: Miami Valley CTC – Youth Connections
6800 Hoke Road, Englewood, OH 45315
Tracy Hetrick: thetrick@mvctc.com (937) 854-6355 Fax: (937) 854-6255

MIAMI VALLEY CTC – YOUTH CONNECTIONS
REFERRAL FORM
Please return to: Miami Valley CTC – Youth Connections
 6800 Hoke Road, Englewood, OH 45315
 Tracy Hetrick: thetrick@mvtc.com (937) 854-6355

Partner School			
Student Name / SSID	Name:		EMIS ID:
Ethnicity / Native Language	Ethnicity:		Native Language:
Date of Birth/Gender	Date of Birth:		Gender:
Student Address (please include city and ZIP)			
Student Phone Number(s)	Home:		Cell:
Parent / Guardian Name			
Parent / Guardian Phone Number(s)	Home:	Cell:	Work:
Partner School Contact Person			
Partner School Contact Person	Phone:		Fax:

Grade Level at time of referral: ____ Graduation Cohort Year: ____ Last School Year's Total Days Absent ____

How will the student be transported to school? (Please place a check mark in the appropriate response)

____ Parent / Guardian / Student ____ RTA (Public Transit System) ____ Partner School will provide

REFERRAL CHECK LIST (Please check all that apply)	YES	NO
Currently Enrolled in your school as a resident of your district? (If No, please provide the name of resident school district here: _____)		
Is the student on an IEP or 504? (If so, please include a copy of the current plan)		
Is the student currently suspended or expelled? (If yes, please explain and attach any necessary forms)		
Has the student previously been suspended or expelled (If yes, please explain and attach all necessary forms)		

Reason for this referral _____

School Personnel Completing Form

Phone Number

Date Completed

Student Name: _____ Contact Person: _____
 Home School: _____ Phone: _____ Date: _____

Please place a check mark beside the classes this student needs to take to graduate. DO NOT include classes already completed.

LANGUAGE ARTS

SOCIAL STUDIES

MATHEMATICS

SCIENCE

sem. 1 sem. 2

sem. 1 sem. 2

sem. 1 sem. 2

sem. 1 sem. 2

English I _____ Geography _____ Algebra I _____ Physics w/Earth & Space _____

English II _____ World History _____ Geometry _____ Chemistry w/Earth & Space _____

English III _____ US History _____ Algebra II _____ Biology w/Earth & Space _____

English IV _____ Government _____ Math Concepts _____ Anatomy & Physiology _____

Economics (1/2) _____ Statistics _____

Functions & Trig _____

Pre-Calculus _____

HEALTH / PHYSICAL EDUCATION: Health (1/2) _____ Physical Education (1/2) _____

ELECTIVES: Personal Finance (1/2) _____ Business & Marketing Essentials - sem. 1 _____ sem. 2 _____ Career Exploration (1/2) _____

Spanish I _____ Spanish II _____ Spanish III _____ Digital Literacy (1/2) _____ Additional Electives Needed _____

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STATE TESTING NEEDED

END OF COURSE: (List the *highest* score the student received & send copies of ALL test scores, including all attempts for each test)

ELA 2 _____ BIOLOGY _____ INTEGRATED MATH I _____ ALGEBRA I _____ GEOMETRY _____ HISTORY _____ GOVERNMENT _____

SEALS EARNED: _____

I verify that the classes indicated above will meet graduation requirements. I give my authorization for the above student to earn more than 10 total credits this school year.

SIGNATURE _____ TITLE _____ DATE _____