Midwestern Intermediate Unit IV

ELECT Referral Form

Education Leading to Employment and Career Training

Student: _____ _____ ☐ Female ☐ Male

(Last Name) (First Name) (DOB)

_____ _____ _____

(Email) (Phone) (Social)

_____

(Student Address)

☐ Pregnant ☐ Parenting If pregnant, due date: _____ If parenting, age of child: _____

School/GED Program: _____ ☐ Virtual ☐ In Building Grade: _____

Have an IEP? ☐ No ☐ Yes / type of disability / program placement: _____

Parent/Guardian: _____ _____

(Last Name) (First Name) (Phone)

Referral Source: _____ _____

(Last Name) (First Name) (Phone)

_____ _____ _____

(School/Organization) (Position) (Email)

Additional Comments: _____

_____ _____

(Signature of Person Completing This Form) (Date)

PLEASE SEND COMPLETED FORM, STUDENT SCHOOL SCHEDULE, AND TRANSCRIPTS

TO THE MIU4 ELECT PROGRAM

elect@miu4.org or Fax 724.458.5083