

Youth Services Referral Form

(PLEASE COMPLETE ALL FIELDS TO THE BEST OF YOUR KNOWLEDGE)

Date: _____ Name of Person Making Referral: _____

Student's Name: _____

Student's Date of Birth: _____

Current Grade Level: _____

Parent or Guardian's Name: _____

Parent or Guardian's Address: _____

Parent or Guardian's Phone Number: _____

Alternative Phone Number: _____

Service(s) Needed: _____

Reason for Services: _____

Do the Student and the Guardian have knowledge they are being referred for services?

Yes / No

(TILC must have guardian approval to be able to administer services)

Please feel free to make copies as needed of this form.

Fax or mail this form to Phyllis Craig, Youth Coordinator. 417-659-8087 (fax)