

**YOUTH CONNECTIONS**  
6800 Hoke Road, Englewood, OH 45315

To Home 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.**
3. If the student is on an IEP or 504, you must print off, complete and sign the IEP / 504 Memorandum of Understanding form located on our website in order for everyone to know and understand all aspects involving sending school districts responsibilities.

**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)
- \_\_\_\_\_ Signed Memorandum of Understanding Form if student has an IEP / 504 (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@mvtc.com](mailto:thetrick@mvtc.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 Fax: (937) 854-6255

<b>Home School</b>			
<b>Student Name / SSN</b>	Name:	SSN:	
<b>Ethnicity / Native Language</b>	Ethnicity:	Native Language:	
<b>Date of Birth/Gender</b>	Date of Birth:	Gender:	
<b>Student Address (please include city and ZIP)</b>			
<b>Student Phone Number(s)</b>	Home:	Cell:	
<b>Parent / Guardian Name</b>			
<b>Parent / Guardian Phone Number(s)</b>	Home:	Cell:	Work:
<b>Home School Contact Person</b>			
<b>Home School Contact Person</b>	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)    \_\_\_\_ Home School will provide

<b>REFERRAL CHECK LIST (Please check all that apply)</b>	<b>YES</b>	<b>NO</b>
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 complete and sign the IEP / 504 Memorandum of Understanding form)		
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. PLEASE DO NOT include classes the student has already completed.

<u>LANGUAGE ARTS</u>	Sem. 1	Sem. 2	<u>MATHEMATICS</u>	Sem. 1	Sem. 2	<u>SOCIAL STUDIES</u>	Sem. 1	Sem. 2	<u>SCIENCE</u>	Sem. 1	Sem. 2
ENGLISH I	___	___	MATH I	___	___	AMERICAN HISTORY	___	___	PHYSICAL SCIENCE I	___	___
ENGLISH II	___	___	ALGEBRA I	___	___	GOVERNMENT	___	___	BIOLOGY	___	___
ENGLISH III	___	___	GEOMETRY	___	___	HISTORY OF THE WORLD	___	___	EARTH SCIENCE	___	___
ENGLISH IV	___	___	ALGEBRA II	___	___	ECONOMICS (1/2)	___	___	PHYSICAL SCIENCE II	___	___
COMMUNICATIONS (1/2)	___	___	PRE-CALCULUS	___	___	GEOGRAPHY	___	___			
			STATISTICS	___	___	CONTEMPORARY ISSUES	___	___			
			HEALTH (1/2 CREDIT)	___	___	PHYSICAL EDUCATION I	___	___	PHYSICAL EDUCATION II	___	___
<u>ELECTIVES:</u>			FINANCIAL LITERACY	___	___	# OF ELECTIVES NEEDED TO GRADUATE	___	___			

**STATE TESTING NEEDED:**

**END OF COURSE:** Please list the *highest score* they received and send us copies of ALL test scores including all attempts for each test.

ENGLISH I \_\_\_\_\_ ENGLISH II \_\_\_\_\_ INTEGRATED MATH I \_\_\_\_\_ ALGEBRA I \_\_\_\_\_ GEOMETRY \_\_\_\_\_

HISTORY OF AMERICA \_\_\_\_\_ GOVERNMENT \_\_\_\_\_ BIOLOGY \_\_\_\_\_

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 \_\_\_\_\_