



ELECT SCHOOL REFERRAL FORM

Early Childhood and
Special Education Services

****PA Secure ID#** _____ ******

Student: _____ / ____ / ____ Grade: _____
(Last Name) (First Name) (MI) (DOB)

(EMAIL) (Cell Phone) (Ethnicity) Female / Male

School: _____ Telephone (____) _____ Fax (____) _____

Address: _____
(Street) (City) (ZIP)

Name of Parent(s)/Guardian(s): _____

Address: _____
(Street) (City) (ZIP)

Phone: (____) _____ (____) _____ (____) _____
(Home) (Cell) (Work)

Is student: pregnant an expectant father a teen parent

Have an IEP? NO / YES- type of disability/program placement: _____

Is student in other special programs? NO / YES- (list): _____

Is student receiving services from agency(s)? NO / YES- Agency(s): _____

School Counselor: _____ (____)
(Name) (EMAIL) (Phone)

Attendance Contact: _____ (____)
(For this student specifically.) (Name) (EMAIL) (Phone)

School Social Worker: _____ (____)
(Name) (EMAIL) (Phone)

Best times to meet with student: _____ Student's lunch time: _____

Does student attend virtual classes? NO / YES- (program name): _____

Who will serve as primary school contact for student? _____

(Signature of person completing form) (Position) (Date)

****Please send student's current: transcript (grade, **grades**, credits, etc.), attendance records, school schedule, and Release of Information Form (attached) to the IU13 ELECT Program Coordinator.****

Please submit completed forms to:

Michelle Myers, BSW, ELECT Program
Coordinator michelle_myers@iu13.org

For more information, please visit:
www.iu13.org/ELECT