



## PROJECT POSSIBILITY REFERRAL FORM

Download, complete, and send this form to Alia  
at aroth@INCLUDEnyc.org or 116 East 16th St, 5th Floor, New York, NY 10003.  
For questions please call: 212-677-4650 ext. 24.

Referral date: \_\_\_\_\_

### Include the following documents with this form

- |  |   |
|--|---|
| <input type="checkbox"/> Evaluations                                   | <input type="checkbox"/> Signed info release form |
| <input type="checkbox"/> Copy of HS Diploma or credentials if relevant | <input type="checkbox"/> IEP                      |

### Referral source information

Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Participant information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Primary Language: \_\_\_\_\_

IEP Classification, if known: \_\_\_\_\_

Other disabilities: \_\_\_\_\_

Services received in school: \_\_\_\_\_

What educational or vocational activities has the young person been participating in during the past year?

## Participant caregiver information

Caregiver(s) name(s): \_\_\_\_\_

Relationship(s) to client: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary Language: \_\_\_\_\_

## Education achieved (fill out all that apply)

Highest grade completed: \_\_\_\_\_ Completion date: \_\_\_\_\_

Middle School name: \_\_\_\_\_ Graduation date: \_\_\_\_\_

High School name: \_\_\_\_\_ Graduation date: \_\_\_\_\_

College name: \_\_\_\_\_ Graduation date: \_\_\_\_\_

## Purpose of referral

- Attain HSE  2 year college  
 4 year college  Employment

1. Describe vocational or postsecondary education goals:

2. Describe vocational or postsecondary education obstacles:

3. Describe how you hope to see this student supported in the Project Possibility program:

Any additional comments or concerns: