



PROJECT POSSIBILITY REFERRAL FORM

Download, complete, and send this form to Mia
at mgreenidge@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

4 year college

Employment

2 year college

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: