

Juveniles Experiencing Excellence Program (JEEP) Referral Form

Instructions: Please complete and sign the JEEP referral form below and fax or mail to _____ at _____. If you have any questions, please call _____, _____ County JEEP Coordinator, at _____.

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Street _____ City _____ State _____ Zip Code: _____

EDUCATIONAL INFORMATION: Please list the student's:

School: _____ Current Grade: _____

School Status (Regular Classes, Special Education, etc.): _____

Education Track (Diploma, GED, Certificate, etc.) _____

PROBLEM AREAS/NEEDS: Please list any behavioral difficulties or social skills/life skills needs that can be addressed by participating in JEEP:

1. _____
2. _____
3. _____

GOALS/OBJECTIVES: Please list any possible goals or objectives that the student can accomplish through participation in JEEP:

1. _____
2. _____
3. _____

REFERRED BY: _____ **Date:** _____

Title: _____ **Phone:** _____

RECEIVED BY: _____ **Date:** _____

Title: _____