

Start the Cycle Participant Referral Form

Youth's Name: _____

Age: _____ Grade: _____ School: _____

Referred by: _____

Position: _____ Phone Number: _____

I have these potential concerns for this youth (please check at least one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic Issues | <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Emotional Issues |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Delinquency | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Family Issues |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Attitude | <input type="checkbox"/> Developmental Disability |
| <input type="checkbox"/> Other (specify): | | |

Please describe any concerns checked above:

Why do you feel this youth would be a good fit for Start the Cycle?

Do you have any safety concerns for this youth? (e.g. Medical, suicide, violence, severe substance use):

Is there anything else you would like to add for this referral?

Signature _____ Date _____