

REFERRAL FORM

UFC College Readiness Program (CRP)



Referral Party Information:

Name: _____ Phone # _____
Email: _____ DCFS Office or Agency: _____
Relationship to Student (i.e., DCFS CSW, FFA Worker), guardian.): _____

Student Name: _____ Grade: (circle) 7 8 9

School Attending (public, non-public, continuation, private): _____

Caregiver/Guardian Name (relationship): _____

Home #: _____ Cell #: _____

Mailing Address: _____
number & street city, state, zip

Date Case Opened: _____ Number of placements: _____
month/year

Date Case Closing or Closed: _____ Current Placement: _____
month/year

CSW Name (if not referral party): _____ Phone #: _____

Is the student IEP eligible?: Yes No

Based on your knowledge of the youth, has the youth demonstrated academic potential to complete the A-G high school curriculum (e.g. Algebra 1, Chemistry, etc.): Yes No

Please explain: _____

What, if any, behavior concerns do you have regarding this student (e.g. low motivation, recent truancy, etc.)?

Based on your understanding of the student's needs, which CRP program element would best serve this youth?

If more than one, please rank them in order of importance. Individualized Educational Case Management College Exploration Individual Home Tutoring Monthly College Knowledge Workshops

CRP requires students to be available for one-on-one visits, mandatory monthly Saturday workshops, bi-yearly college trips, and be engaged in their long term education . What, if anything, may impede the student (or family) from engaging in all of these activities (e.g. weekend visits, sports, etc)?

Do you believe the youth would be able to commit to the academic and social demands required of a college preparatory program? Yes No

Please include the youth's most recent Report Card or Transcript

Please submit referral form by mail.

Mail: UFC College Readiness Program
1055 Wilshire Blvd, Suite 1955
Los Angeles, CA 90017

OR via **FAX** (213) 580-1820
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PHONE 213.975.1406