



Project Y.E.S.

(Youth Experiencing Success)

STUDENT RECOMMENDATION

This form must be completed by school personnel when making a referral to the Project Y.E.S. Program.

STUDENT NAME: _____	GRADE: _____
STUDENT ID #: _____	SOCIAL SECURITY #: _____
SCHOOL: _____	BIRTH DATE: _____

SUPPORTING INFORMATION/CRITERIA: *(Please check all that apply.)*

- Academic Performance (failing two or more core classes)
- Attendance Absences _____ Tardies _____
- Social Concerns _____
- Parental/Home Concerns _____
- Physical Health _____
- Past Retention _____
- Emergency Indicators _____

OTHER:

- Behavior Issues: _____
- Special Services: IEP _____ Speech _____ OT _____ PT _____
- County Involvement: Social Worker _____ Other _____

REFERRAL SOURCE: _____
Signature *Date*