Greensboro

**Life Skills Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Referred: |       | Referral Source: |       Case#:       |
|  |
| Referred By: |       | Phone: |       |
|  |
| Juvenile: |       |
|  |
| DOB: |       | Age: |    | Sex: |   | Race: |       |
|  |
| Grade: |      | School: |       |
|  |
| Street Address: |       |
|  |
| City: |       | Zip Code: |       |
|  |
| Responsible Person: |       | Relationship: |       |
|  |
| Phone(s): | (H) |       | (W) |       | (C) |       |
|  |
| **\*Charge/Reason for Referral:** |       |
|  |
| **\*Next Court Date:** |       |  |
|  |
| The instructor should be aware of the following: (e.g., health conditions, medications, grades, interests, etc.): |
|       |
|       |
|       |
|  |
| Is transportation to class an issue? | **[ ]**  | Yes | **[ ]**  | No |
|  |
| **\*Check one preference:** |
|  |
| [ ]  | Weeknight Classes (usually 6pm-8pm) |
|  |
| [ ]  | Saturday classes  |
|  |
| * Attempts will be made to assign this youth to the preferred class schedule indicated above; however, classes are scheduled based on availability, *not* parent preference.
 |

**\***Required Information