

LEAP Program High School Student Referral Form



Student's Name _____ Date of Referral _____

High School _____ Grade Level _____

Documented Disability (List all areas of disability) _____

Name/Title of Person Making Referral _____

Telephone # _____ Email address: _____

*This program provides transition services for exploration to assist **person** in obtaining post-training employment.
This is a non-paid voluntary assignment.*

Eligibility Criteria

Check all statements that apply to this student:

- Has completed all required core courses for graduation and earned a special diploma
- Transportation will be provided by referring school
- Is 18 to 21 years of age and has a documented disability
- Demonstrates maturity level necessary to participate in an employment-related program
- Is free from violent or disruptive behavior and profane language
- Demonstrates respect for the property of others
- Demonstrates socially appropriate behavior in public places
- Communicates a desire to participate in the program
- Is medically stable and has adequate stamina
 - List any physical limitations or aides used for mobility : _____
 - Will any accommodations be needed? _____
- Is able to independently feed and toilet him/herself
- Is able to function in a one **(1) to eight (8) trainer** to student ratio
- Is able to attend scheduled days each week for three (3) to four (4) hours per day
- Is able to independently understand and follow directions
- Is able to communicate effectively with trainer, mentors, patrons, and peers either verbally or with the use of assistive technology
 - List any assistive technology used _____
 - Does student use sign language? ___ Yes ___ No

*Students who do not satisfy 100% of the above criteria will not be considered eligible for the program. Reconsideration will be given after 90 days if the referring high school can provide documentation that deficits have been addressed and progress has been made by the student. **Upon acceptance into the program, students must demonstrate the ability to successfully adhere to program rules and site policies during a six-week probationary period. Please keep in mind that each employer or site has its own rules and policies that our students must follow. These are the same rules and policies that apply to their paid employees.***

Additional Comments/Concerns:

This area to be completed by the LEAP Trainer only.

- _____ Was accurate history of behaviors that could hinder progress or attendance in the program revealed?
- _____ Was history of experiences in previous training or employment settings provided (including any reasons for which student's participation was terminated)?
- _____ Was disclosure of any criminal record provided?

Notes: Include date(s) of any contact(s)

PLEASE RETURN COMPLETED FORM TO TERRY MATSON AT THE DISTRICT OFFICE (ESF) Fax: (321) 633-3533

Rev. 08/2015