



AGENCY REFERRAL

Please fill out the following information for each youth candidate you are referring to RYTMO. This information is kept on file to ensure effective communication between our program and your organization or agency.

Referral Agency Name: _____

STUDENT NAME: _____

Agency Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **ext.:** _____

Other #: _____ **Fax #:** _____

Email: _____

How long has the candidate been in your program?

Why would your candidate benefit from the RYTMO Program?

Are there any behavioral concerns we should be aware of?

Is your candidate receiving goal-oriented support on a consistent basis? (i.e. counseling, tutoring, after school programs, etc.)

Will your candidate be able to attend all scheduled classes and fully commit to the 9-week program?

Yes No Maybe

What means of transportation will your candidate use to attend?

X _____

Print Name of Officer/Rep

Signature

Date

Thank You!