



# Referral Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age (14-17 only) \_\_\_\_\_ Gender \_\_\_\_\_

This referral is for \_\_\_\_\_ ARTreach 180 \_\_\_\_\_ SPORTSreach 180 \_\_\_\_\_ Middle School

School youth attends \_\_\_\_\_

Student's Home School \_\_\_\_\_

Counselor or one current teacher \_\_\_\_\_

Reason for referral/Specific target issues \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's response to being referred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Referred by \_\_\_\_\_ Your relationship to youth \_\_\_\_\_

Your email address \_\_\_\_\_

Your phone number \_\_\_\_\_ Date of referral \_\_\_\_\_

Parent(s) name \_\_\_\_\_

Parent's Phone #'s \_\_\_\_\_

Parent's e-mail \_\_\_\_\_

Is this youth on probation currently? \_\_\_\_\_yes \_\_\_\_\_no PO if known \_\_\_\_\_

Is ARTreach or SPORTSreach a condition of probation for this youth? \_\_\_\_\_yes \_\_\_\_\_no

Is the parent aware of this referral? \_\_\_\_\_yes \_\_\_\_\_no

Will transportation pick-up be an issue? \_\_\_\_\_yes \_\_\_\_\_no

Please return this form by mail or email to:  
Hilary Siebold, Director of Programs  
P.O. Box 1613, McDonough, GA 30253  
[hsiebold@crosswalkusa.org](mailto:hsiebold@crosswalkusa.org)