



P.O. Box 1597, Wolfeboro, NH 03894
(603) 569-5510

Appalachian Mountain Teen Project REFERRAL/APPLICATION FORM p. 1 of 2

Thank you for completing this referral form. All information is kept in strict confidence. We use this form to assess how the AMTP staff can best meet individual needs.

YOUTH INFORMATION

Name:		Country of Origin:	
Birth Date:	Age:	School:	Grade:
Parent/Guardian Name(s):		Home Phone(s):	
Address(es):		Work Phone(s):	
		Cell Phone(s):	
City:	State:	Zip:	e-mail(s):

INDIVIDUAL MAKING REFERRAL/APPLICATION

Name:	
Organization:	
Title:	
Phone(s):	Email:

Is this youth receiving any special help at school or in the community?			
<input type="checkbox"/> Title 1 <input type="checkbox"/> Regular Guidance visits <input type="checkbox"/> Tutoring <input type="checkbox"/> IEP <input type="checkbox"/> Resource Room	<input type="checkbox"/> Alternative Education Program <input type="checkbox"/> Behavioral Support / Specialist <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Counseling <input type="checkbox"/> Family Services	Does this child receive: <input type="checkbox"/> Free or reduced hot Lunch <input type="checkbox"/> Medicaid / Healthy Kids <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps Has this youth been involved with the courts? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> Current <input type="checkbox"/> Court Diversion <input type="checkbox"/> Probation If yes, please explain:	<input type="checkbox"/> Other Mentoring Program <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> AI-A-Teen

1. Briefly describe why you have referred this youth to the AMTP and what you feel is the most important contribution the AMTP can make to this individual?

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Please check phrases which best describe this youth.

- | | |
|---|--|
| <input type="checkbox"/> Good utilization of instruction | <input type="checkbox"/> Introverted |
| <input type="checkbox"/> Likes to be challenged physically | <input type="checkbox"/> Social difficulty with peers |
| <input type="checkbox"/> Good sense of team spirit | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Cooperative & willing to participate | <input type="checkbox"/> Easily influenced by peer pressure |
| <input type="checkbox"/> Takes responsibility for actions | <input type="checkbox"/> Participates only when success seems guaranteed |
| <input type="checkbox"/> Personal pride | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Treats others with respect | <input type="checkbox"/> Frequent absence from school |
| <input type="checkbox"/> Treat others with compassion | <input type="checkbox"/> Failing grades |
| <input type="checkbox"/> Leadership potential | <input type="checkbox"/> At risk of dropping out of school |
| <input type="checkbox"/> Good grades | <input type="checkbox"/> Difficulty accepting criticism |
| <input type="checkbox"/> Good school attendance | <input type="checkbox"/> Hostile/angry |
| <input type="checkbox"/> Likes the out of doors | <input type="checkbox"/> Defies authority |
| <input type="checkbox"/> Uses good judgment | <input type="checkbox"/> At risk of becoming involved in an abusive relationship |
| <input type="checkbox"/> Gets along well with peers | <input type="checkbox"/> Sexually active |
| <input type="checkbox"/> Gets along well with adults | <input type="checkbox"/> Behavior and attitude indicate suicide ideation |
| <input type="checkbox"/> Well organized | <input type="checkbox"/> Past/current abuse of drugs or alcohol |
| <input type="checkbox"/> Is a model for peers | <input type="checkbox"/> Smokes cigarettes <input type="checkbox"/> With parental permission |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

1. Please list personal activities and hobbies this youth participates in, i.e., outdoor, drawing, writing, dance, clubs, sports, collections, volunteering, jobs, after-school activities etc.:

2. Any health problems or physical limitations? If yes, what are they?