IU5 ELECT Program  
Education Leading to Employment and Career Training  

Program Office: 252 Waterford Street, Edinboro, PA 16412  
Phone: (814) 734-8467 Fax: (814) 734-2306  

STUDENT REFERRAL FORM  
FORM TO BE COMPLETED BY SCHOOL/ORGANIZATION PERSONNEL.  
SEND COMPLETED FORMS TO THE IU5 ELECT PROGRAM  
ELECT@IU5.org  

CONTACT INFORMATION  
NAME OF STUDENT ________________________________ ________________________________  
NAME OF SCHOOL ________________________________ GRADE ___________________________  
HOME ADDRESS __________________________________ CITY/STATE _______________ ZIP __________  
PHONE _______ CELL _______________ BIRTHDATE ___________ AGE ___ SEX _______  

COMPLETE RELEVANT INFORMATION BELOW  
1. IS THE STUDENT POTENTIALLY PREGNANT? YES NO  
   IF YES:  ► IS THERE A CONFIRMATION OF PREGNANCY? YES NO Due Date ____________  
   ► HAS THE STUDENT BEEN TO A PHYSICIAN'S OFFICE? YES NO  
   ► WERE THE FOLLOWING MATERIALS GIVEN TO THE STUDENT?  
     □ CONSENT FOR RELEASE OF INFORMATION  
     □ PARENT PERMISSION FORM  
     □ FREQUENTLY ASKED QUESTIONS  
2. IS THE STUDENT A PARENT? YES NO  
   IF YES:  ► CHILD’S NAME ____________________ CHILD’S DATE OF BIRTH __________ SEX M/F  
   ► WERE THE FOLLOWING MATERIALS GIVEN TO THE STUDENT?  
     □ CONSENT FOR RELEASE OF INFORMATION  
     □ PARENT PERMISSION FORM  
     □ FREQUENTLY ASKED QUESTIONS  

REFERRAL INFORMATION (PLEASE PRINT)  
DATE __________ REFERRED BY ____________________________ POSITION ____________________________  
ORGANIZATION __________________________________________ PHONE ____________________________  
EMAIL ____________________________________________  

PLEASE SEND COMPLETED FORM TO ELECT PROGRAM SPECIALIST  

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