



### Agency Referral for iGrad

Student Information:

Student Name	
Date of Birth	
Current School/Grade Level	

**Individual Factors:**

- \_\_\_\_\_ Early adult responsibilities such as parenting teen or long work hours.
- \_\_\_\_\_ Social attitudes, values, and behavior such as having a high-risk peer group or engaging in high-risk behavior.
- \_\_\_\_\_ School performance such as low achievement or retention, poor attendance, lack of effort.

**Family Factors:**

- \_\_\_\_\_ Family background characteristics such as low socioeconomic status, high family mobility, low education level of parents, large number of siblings, not living with both natural parents, family disruption.
- \_\_\_\_\_ Lack of family engagement / commitment to education such as low educational expectations, sibling has dropped out, little or no contact with school, lack of conversations about school.

**Describe any education, health, or human services that the student and/or family are currently receiving:** \_\_\_\_\_

Referral Information:

Date of Referral	
Name of Referring Person	
Title / Agency / Affiliation	
Address	
City / State / Zip	
Phone	
Email	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact: Volunteer Coordinator 812-314-8628**

Complete application and return it to the iGrad Program Office, c/o Ivy Tech,  
4475 Central Avenue, Columbus, IN 47203

**WEBSITE <http://www.igradcolumbus.com>**