**Timbrook Achievement Center**

**Referral Packet Cover Sheet**

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| *Note to School/Probation personnel: You must include the IDT information document as an attachment to this referral.* |
| Youth’s Name: DOB:  Address: Cell:  Parent/Guardian’s Name(s):  Phone (Home): (Work): (Cell):  Student Support Point of Contact: Phone:  Probation/Parole Officer: Phone: |
| **Reason for Referral**  School: Current Grade:  Gang Affiliations/Security Risk:  Does the youth have any physical limitations or other considerations that could hinder involvement with TAC activities? (Example: allergies or recent serious injuries):  Describe the extent to which parents been cooperative with probation/school personnel: |
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