ELECT Program for Pregnant & Parenting Students
Education Leading to Employment and Career Training
Referral Information Form
Scan completed form to: ELECT@iu12.org

Student Name _____

Street Address: _____

City: _____ **State:** __PA__ **Zip:** _____

Phone # where student can be best reached: _____ **Date of Birth:** _____

School building student is currently attending: _____ **Grade** _____

Current Yr GPA	# Days of Missed School Current Yr	# Days of Missed School Last Yr

Is the student pregnant or parenting? ☐ **Currently Pregnant** ☐ **Parenting one or more children**

Pregnancy Information   **Parenting Information**

Pregnancy Information		Parenting Information	
Estimated Due Date		**Name of Child**	**Age**
Is this a first pregnancy?	☐ Yes ☐ No	**Name of Child**	**Age**
Is pregnancy confirmed by physician or health facility	☐ Yes ☐ No	**Name of Child**	**Age**

Additional Comments:

_____

_____ **Date:** _____
Signature of student and/or school district representative making this referral

OFFICE USE ONLY

Case Manager Assigned_____ Date: _____

1st Contact via ☐ Phone ☐ Text ☐ Face-to-Face ☐ Left Message Date _____/Time _____

2nd Contact via ☐ Phone ☐ Text ☐ Face-to-Face ☐ Left Message Date _____/Time _____

3rd Contact via ☐ Phone ☐ Text ☐ Face-to-Face ☐ Left Message Date _____/Time _____