



A lifetime of partnership. A lifetime for growth.

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### Participant References Form

Participant Name: \_\_\_\_\_

#### References:

In order to better serve your son/daughter, please list two current references we can contact to better assist Connection of Friends in creating a safe and engaging environment for all participants.

The preferred references would have one-on-one experience with your son/daughter, including but not limited to: teachers, teacher's aide, therapeutic staff, respite workers and/or work supervisor(s). *Please Note: If your son or daughter is currently enrolled in a high school or transition program, then 1 of the 2 references must be from a classroom teacher.*

#### Reference 1

Contact Person: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Reference 2

Contact Person: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
DATE