



# Pacific Coast Community Services

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## Class Referral Form

### STUDENT NAME

First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### BRIEF OVERVIEW OF STUDENT TECHNOLOGY BACKGROUND

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### STUDENT ACCOMMODATIONS NEEDED

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### CLASS(ES) REQUESTED

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### SCHEDULE DESIRED (2 DAYS PER WEEK, 4 HOURS EACH DAY)

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### COUNSELOR NAME

First \_\_\_\_\_ Last \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_