



## Toksali SMART In-School Youth Eligibility Verification

I, \_\_\_\_\_ permit information in my case file to be released to Chickasaw Nation Toksali SMART youth employment program to assist in determining my eligibility. I have been informed as to what information will be released, the purpose and use of the information and who will receive this information. This release form expires one year from the date of signature. I am aware that I have the right to refuse to release information.

\_\_\_\_\_ X \_\_\_\_\_  
Applicant Name (please print) Applicant Signature Date

\_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian Name (please print) Parent/Guardian Signature Date

School Counselor: (Please complete the below information, sign and return to student)  
THIS SECTION MUST BE COMPLETED!

APPLICANT ELIGIBILITY/RISK FACTORS:

- Receiving assistance at school:
  - Qualifies for Special Education Services

Individual Education Plan: accommodation(s) provided: \_\_\_\_\_  
\_\_\_\_\_

Name or Type of test administered: \_\_\_\_\_  
Provide the applicant's reading and math grade equivalent level based on the most recent test:  
Grade equivalents - (i.e. 4.2, 10.6, etc.) Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Date Tested: \_\_\_\_\_

Disabilities: Mental, physical, emotional, learning (EBD, LD, ADD, EDHD, MMH, etc.)  
List: \_\_\_\_\_

- Free school lunch participant: (Please attach lunch program verification)
- None of the above selections apply to the applicant

Staff recommendation regarding job placement/worksite assignment and possible accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Email Address Date  
Printed name of (counselor or school official)

X \_\_\_\_\_  
Authorized Signature (counselor or school official) Phone Number