

Review Committee Recommendation Form

Please initial and date 1, 2 or 3

1. **Approved** _____

2. **Approved with Restrictions**

a. Non-Youth Contact _____

b. Driving _____

c. Past History _____

d. Comments From References _____

e. Other, please explain _____

3. **Rejected**

a. Substance Abuse _____

b. Criminal Behavior _____

c. Child Abuse _____

d. Driver's License _____

e. Comments From References _____

f. Other, please explain _____
