

Afterschool Discharge

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

DISCHARGE INFORMATION

*Discharge Date: _____

*Discharge reason (pick one):

Stopped Attending _____

Other Commitments _____

Transferred Schools _____

Transferred to GED Program _____

Transferred to homeschool _____

Dropped Out _____

Graduated _____

Expelled _____

Youth/Parent Refused _____

Other (moved away/death/etc.) _____

*Misses School?

Frequently _____

Sometimes _____

Rarely _____

Never _____

Unknown _____

*Grades: Mostly....

A's _____

B's _____

C's _____

D's _____

F's _____

Unknown _____

*School Attachment:

High _____

Medium _____

Low _____

Unknown _____

Discharge Narrative: _____

EB-NE Follow Up Assessment Completed

Yes

No

If no, why not?

Youth refused

Not appropriate for youth (too young, language barrier, etc.)

Youth left program early

Date completed: