

# Alternative School

## YOUTH DEMOGRAPHICS

\*First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Race: \_\_\_\_\_

\*Gender: \_\_\_\_\_

Self-reported Race/Ethnicity: \_\_\_\_\_

NE Student ID: \_\_\_\_\_

## CONTACT INFORMATION

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Alternative Phone#: \_\_\_\_\_

Email address: \_\_\_\_\_

## SCHOOL INFORMATION

\*School Enrollment (pick one):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Enrolled/Attending | <input type="checkbox"/> Suspended                   | <input type="checkbox"/> Expelled        |
| <input type="checkbox"/> Home schooled      | <input type="checkbox"/> HS Graduate/GED, no college | <input type="checkbox"/> College Student |
| <input type="checkbox"/> Drop Out           | <input type="checkbox"/> Alternative School          | <input type="checkbox"/> Unspecified     |

\*School name: \_\_\_\_\_

\*Current Grade: \_\_\_\_\_

Credits Required to Date (H.S. only): \_\_\_\_\_

Credits Earned to Daye (H.S. only): \_\_\_\_\_

## FAMILY INFORMATION

Family size: \_\_\_\_\_

Youth Employed: \_\_\_\_\_

Eligible for Free/Reduced Lunch (y/n): \_\_\_\_\_

Family Income (pick one):

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> \$0-\$9,999 | <input type="checkbox"/> \$10,000-\$24,999 | <input type="checkbox"/> \$25,000-\$39,999 | <input type="checkbox"/> \$40,000 or over |
|--------------------------------------|--|--|---|

\*Custody/Guardianship (pick one)

- |  |                                       |                                   |  |                                       |
|--|---------------------------------------|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Both Parents | <input type="checkbox"/> Guardian | <input type="checkbox"/> State Ward/Ward of the Tribal Court | <input type="checkbox"/> Lives on Own |
|--|---------------------------------------|-----------------------------------|--|---------------------------------------|

Interpreter needed?

- |                                    |                                     |  |                             |
|------------------------------------|-------------------------------------|--|-----------------------------|
| <input type="checkbox"/> Yes-youth | <input type="checkbox"/> Yes-parent | <input type="checkbox"/> Yes – youth and parents | <input type="checkbox"/> No |
|------------------------------------|-------------------------------------|--|-----------------------------|

If yes, what language? \_\_\_\_\_

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**GRANT INFORMATION**

File Number: \_\_\_\_\_

\*Grant County: \_\_\_\_\_

Grant #: \_\_\_\_\_

**REFERRAL/ENROLLMENT INFORMATION**

Person Referring: \_\_\_\_\_

\*Referral Source: \_\_\_\_\_

\*Referral Date: \_\_\_\_\_

\*Enrollment Date: \_\_\_\_\_

\*Primary Reason for Enrollment (pick one):

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Drug Possession/Use | <input type="checkbox"/> Weapon Possession/Use | <input type="checkbox"/> Pregnancy/Parenthood | <input type="checkbox"/> Theft                      | <input type="checkbox"/> Fighting/Assault        |
| <input type="checkbox"/> Academic Failure    | <input type="checkbox"/> Mental Health         | <input type="checkbox"/> Chronic Truancy      | <input type="checkbox"/> Disruptive Verbal Behavior | <input type="checkbox"/> Inappropriate Phone Use |

Secondary Reason for Enrollment (if applicable) (pick one):

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Drug Possession/Use | <input type="checkbox"/> Weapon Possession/Use | <input type="checkbox"/> Pregnancy/Parenthood | <input type="checkbox"/> Theft                      | <input type="checkbox"/> Fighting/Assault        |
| <input type="checkbox"/> Academic Failure    | <input type="checkbox"/> Mental Health         | <input type="checkbox"/> Chronic Truancy      | <input type="checkbox"/> Disruptive Verbal Behavior | <input type="checkbox"/> Inappropriate Phone Use |

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**YOUTH INFORMATION**Prior Law Violations?  Yes  No  Unknown

Notes on Prior Law Violations: \_\_\_\_\_

History of Aggressive Behavior?  Yes  No  Unknown

Notes on History of Aggressive Behavior: \_\_\_\_\_

High Risk Environment?  Yes  No  Unknown

Notes on High Risk Environment: \_\_\_\_\_

\*Misses School (pick one):

- 
- Frequently
- 
- Sometimes
- 
- Rarely
- 
- Never
- 
- Unknown

\*Grades (pick one): Mostly...

- 
- A's
- 
- B's
- 
- C's
- 
- D's
- 
- F's
- 
- Unknown

\*School Attachment (pick one):

- 
- High
- 
- Medium
- 
- Low
- 
- Unknown

Parental Involvement (pick one):

- 
- Active
- 
- Minimally Active
- 
- Inactive
- 
- No Participation
- 
- Unknown

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Narrative: