

Interventionist Discharge

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

DISCHARGE INFORMATION

*Discharge Date: _____

*Discharge Reason (pick one):

Completed Program Requirements

Did not Complete Program Requirements

Youth/Parent Refused

New Charges/Probation

Transferred Schools

Transferred to GED Program

Transferred to Homeschool

Dropped Out

Graduated

Expelled

Other (moved away/death/etc.)

*Missed 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: _____