

School Resource Officer

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: _____

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

If yes, what language? _____

GRANT INFORMATION

*Grant County:

Grant #:

REFERRAL/ENROLLMENT INFORMATION

Person Referring:

*Referral Source:

*Referral Date:

*Enrollment Date:

Reason for Enrollment (pick below):

- | | | | | |
|--|--|-------------------------------------|--|---|
| <input type="checkbox"/> Truancy | <input type="checkbox"/> Family Problems | <input type="checkbox"/> Harassment | <input type="checkbox"/> Fighting/ Assault | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Mental/ Behavioral Health | <input type="checkbox"/> Arson | <input type="checkbox"/> Drug/ Alcohol | <input type="checkbox"/> Transportation to School |
| <input type="checkbox"/> Traffic Violation | | | | |

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

Narrative: