

School District of Philadelphia Alternative Education Region Student Intervention Intake Form

Your responses are confidential and will be used to best serve your personal needs.

Date of Intake: _____ Intake Staff: _____ STATUS: _____

REFERRAL SOURCE:

Self: School Administrator/Designee DHS Family Court Community Agency
Truancy Court/program Family Help Center Other _____

NAME: _____
(First) (Middle) (Last)

DOB: ____/____/____ Age: _____ Student ID#: _____

SSN: ____ - ____ - ____

Street Address: _____ Apt: _____

CITY: _____ STATE: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Emergency contact name: _____ Telephone: _____

Grade: _____ (current or last completed) Special Education: YES/NO

Sex: Male Female Status: Single Married Divorced Significant Other

U.S. Citizen: Yes No English language learner: Yes No

Race/Ethnicity: African American Hispanic/Latino Hawaiian/Pacific Islander
 Caucasian Asian Other: _____

SCHOOL INFORMATION

What is your goal(s) for today? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> To return to school | <input type="checkbox"/> To comply with a court order |
| <input type="checkbox"/> To earn my high school diploma | <input type="checkbox"/> To satisfy my family |
| <input type="checkbox"/> To earn my GED | <input type="checkbox"/> To find employment |
| <input type="checkbox"/> To increase reading or math skills | <input type="checkbox"/> To learn more about my options for graduating |
| <input type="checkbox"/> To understand my school records | <input type="checkbox"/> Other (please explain): getting threats at other school |
| <input type="checkbox"/> To learn about my school options | |

What was the last school you attended? _____

(Please bring official school transcripts if you were last enrolled or are attending a Charter School/Private School or a School Out of City)

If you are still enrolled, why do you want to change school programs?

If you are not enrolled, when was the last time you attended school? _____

What was your reason for leaving school? _____

PLEASE COMPLETE PAGE 2 

What do you plan to do after you graduate high school? (check only one option)

- | | |
|--|--|
| <input type="checkbox"/> 2 Year college | <input type="checkbox"/> Military (Which branch?): _____ |
| <input type="checkbox"/> 4 Year college | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Trade or Technical School | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Employment | |

If **College, Trade or Technical School** was selected, please list the areas of study or major that interests you most, if known: _____

If **Employment** was selected, please describe your interests below:

APPRENTICESHIP, in the field of: _____ with company: _____

FULL-TIME JOB, Company: _____ Position: _____

FUTURE CAREER INTEREST- Please describe the career(s) that interest you most: _____

SUPPORTIVE SERVICES

What things would you like to discuss that will help you succeed in meeting your goals? (*check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Children's health insurance | <input type="checkbox"/> Drug & alcohol treatment |
| <input type="checkbox"/> Parenting skills | <input type="checkbox"/> Criminal history |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other: _____ |

EMPLOYMENT (*check the services you need*)

- | | |
|--|--|
| <input type="checkbox"/> Finding a job | <input type="checkbox"/> Interview skills |
| <input type="checkbox"/> Resume, cover letters | <input type="checkbox"/> Tips to stay employed |
| <input type="checkbox"/> Interview clothes | <input type="checkbox"/> Other: _____ |

Are you currently employed? Yes No

Company: _____ Position: _____ Hours per week: ____ Salary: _____

What shift(s) do you work? Morning Evening Overnight Part time Full time

Signature: _____

If you are under 18, please complete:

PARENT/GUARDIAN Name: _____

Parent/Guardian Signature: _____

For office use only: BC SSC Proof of Address

Eligibility Criteria:

- 16-21 years old
- Chronically Truant
- Has Dropped out of school
- Has failed two or more years of high school and has a total of 13 credits or less.
- Has failed one year of high school and is at risk of repeating a grade (1/2 of the year)
- Student has not been enrolled in a high school for more than a year

Why is the student not eligible?

Administrator's Signature: _____