



iSOSY AT-RISK SECONDARY STUDENT PROFILE

Date:		MEP Project Region:		COE# or MEP ID:	
Name:			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	Age:	Last Grade Attended: Where: When:
Address:		Phone:	School District:		Student is PFS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Health needs: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Urgent		Assessed and designated as ELL? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Comfortable using technology for online/virtual classes and education: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		Personal/Family History (check all that apply): <input type="checkbox"/> Dropped out prior to graduation <input type="checkbox"/> Thought about dropping out before <input type="checkbox"/> Trauma (ACEs) <input type="checkbox"/> Behavior issues at school <input type="checkbox"/> Family mobility/multiple moves <input type="checkbox"/> Homelessness <input type="checkbox"/> Incarceration <input type="checkbox"/> Other:
Home language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Others:		Access to technology: <input type="checkbox"/> Internet <input type="checkbox"/> Computer <input type="checkbox"/> Smart Phone	Access to transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other languages spoken/studied: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> List other languages:			Risk factors for student not graduating: <input type="checkbox"/> Lacking credits <input type="checkbox"/> Pregnancy/Childcare <input type="checkbox"/> Needs to work <input type="checkbox"/> Over age for assigned grade <input type="checkbox"/> Behavior issues at school <input type="checkbox"/> Disengaged <input type="checkbox"/> Failed state test <input type="checkbox"/> Non-participation in extracurricular sports/activities <input type="checkbox"/> Other:		
Student has identified disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments (Is student receiving all required services under their IEP or 504 plan?):			School records are available from previous school: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		
			Student is currently working with counselor/social worker/outside agency: <input type="checkbox"/> Yes (details in comments) <input type="checkbox"/> No <input type="checkbox"/> Comments:		
Non-school related responsibilities that impact school/community participation: <input type="checkbox"/> Work to help support family <input type="checkbox"/> Childcare <input type="checkbox"/> Other:			Needs at home: <input type="checkbox"/> Food <input type="checkbox"/> Parental support for education <input type="checkbox"/> Access to technology <input type="checkbox"/> Other: <input type="checkbox"/> School supplies		
Available Days/Times:					