# OSIY STUDENT PROFILE

**Date:**

**MEP Project Region:**

**COE# or MEP ID:**

**Name:**

[ ] Male  [ ] Female  **Age:**

**Address/Camp:**  **Phone:**  **Optional:**

**Has access to transportation:**

[ ] Yes  [ ] No

**English oral language proficiency:**

[ ] Yes  [ ] No

**Home language:**

[ ] English  [ ] Spanish  [ ] Other:

**Last grade attended?**

(Choose)

[ ] 1st grade/primer de primaria
[ ] 2nd grade/segundo de primaria
[ ] 3rd grade/tercero de primaria
[ ] 4th grade/cuarto de primaria
[ ] 5th grade/quinto de primaria
[ ] 6th grade/sexta de primaria
[ ] 7th grade/primero de secundaria
[ ] 8th grade/segundo de secundaria
[ ] 9th grade/tercero de secundaria
[ ] 10th grade/primero y segundo semestres de preparatoria (Bachillerato)
[ ] 11th grade/tercer y cuarto semestres de preparatoria (Bachillerato)
[ ] 12th grade/quinto y sexto semestres de preparatoria (Bachillerato)

**When?**

**Where?**

**Health needs:**

[ ] Medical  [ ] Vision  [ ] Dental  [ ] Urgent  [ ] Other:

**Home language:**

[ ] English  [ ] Spanish  [ ] Other:

**Advocacy Needs:**

[ ] Legal  [ ] Childcare  [ ] Translation/Interpretation  [ ] Other:

**Youth lives:**


**Reason for leaving school:**

[ ] Lacking credits  [ ] Needed to work  [ ] Missed State test  [ ] Other:

**Expressed interests in:**

[ ] Learning English  [ ] Job training  [ ] GED  [ ] Earning a diploma  [ ] Not sure  [ ] No interests  [ ] Other:

**At interview, youth received:**

[ ] Educational materials  [ ] Support services  [ ] OSY welcome bag  [ ] Referral(s) (list in comments)  [ ] Other:

**Youth is a candidate for:**

[ ] HS diploma  [ ] Health education  [ ] Life skills  [ ] Pre GED/GED  [ ] Job training  [ ] PASS  [ ] HEP  [ ] Career exploration  [ ] MP3 player  [ ] Adult Basic Education  [ ] ESL  [ ] CAMP  [ ] Other:

**Comments:**

[ ]
# GOSOSY Student Services Plan

Name ___________________________ Date ___________________________
Location ____________________________________________

## Instructional

<table>
<thead>
<tr>
<th>Option</th>
<th>Focus/Goal(s):</th>
<th>Materials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ESL Instruction</td>
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<tr>
<td>□ Life Skills</td>
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<tr>
<td>□ Career Awareness/Vocational Training</td>
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<td>□ Pre-GED Preparation</td>
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<td>□ GED Preparation</td>
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<td>□ Credit Recovery</td>
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<td>□ Other</td>
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## Supportive

<table>
<thead>
<tr>
<th>Option</th>
<th>Focus/Goal(s):</th>
<th>Materials:</th>
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<tbody>
<tr>
<td>□ Nutrition</td>
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<td>□ Transportation</td>
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<td>□ Translation</td>
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<td>□ Material Resources</td>
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<tr>
<td>□ Counseling Leading to Re-enrollment in School</td>
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□ Other ___________________________

Planned Methods of Supportive Service Delivery

## Schedule of Planned Support

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<th>Days:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td>Times:</td>
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