

Graduation and Outcomes for Success for Out-of-School Youth (GOSOSY)

OSY STUDENT PROFILE

Date:		MEP Project Region:				COE# or MEP ID:	
Name:				<input type="checkbox"/> Male <input type="checkbox"/> Female		Age:	
Address/Camp:			Phone:		Optional: How long is youth planning on being in the area?		
Has access to transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last grade attended? (Check)		When?		Where?	
English oral language proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 st grade/ <i>primero de primaria</i> <input type="checkbox"/> 2 nd grade/ <i>segundo de primaria</i> <input type="checkbox"/> 3 rd grade/ <i>tercero de primaria</i> <input type="checkbox"/> 4 th grade/ <i>cuarto de primaria</i> <input type="checkbox"/> 5 th grade/ <i>quinto de primaria</i> <input type="checkbox"/> 6 th grade/ <i>sexto de primaria</i>		<input type="checkbox"/> 7 th grade/ <i>primero de secundaria</i> <input type="checkbox"/> 8 th grade/ <i>segundo de secundaria</i> <input type="checkbox"/> 9 th grade/ <i>tercero de secundaria</i> <input type="checkbox"/> 10 th grade/ <i>primer y segundo semestres de preparatoria (Bachillerato)</i> <input type="checkbox"/> 11th grade/ <i>tercer y cuarto semestres de preparatoria (Bachillerato)</i> <input type="checkbox"/> 12th grade/ <i>quinto y sexto semestres de preparatoria (Bachillerato)</i>			
Home language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:							
Health needs: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Urgent <input type="checkbox"/> Other:				Advocacy Needs: <input type="checkbox"/> Legal <input type="checkbox"/> Childcare <input type="checkbox"/> Translation/Interpretation <input type="checkbox"/> Other:			
Youth lives: <input type="checkbox"/> With a crew <input type="checkbox"/> With friends outside of work <input type="checkbox"/> With his/her parents/family <input type="checkbox"/> With spouse & kids <input type="checkbox"/> With kids <input type="checkbox"/> Alone				Reason for leaving school: <input type="checkbox"/> Lacking credits <input type="checkbox"/> Needed to work <input type="checkbox"/> Missed State test <input type="checkbox"/> Other:			
Expressed interests in: <input type="checkbox"/> Learning English <input type="checkbox"/> Job training <input type="checkbox"/> GED <input type="checkbox"/> Earning a diploma <input type="checkbox"/> Not sure <input type="checkbox"/> No interests <input type="checkbox"/> Other:				Availability: (Check)			
At interview, youth received: <input type="checkbox"/> Educational materials <input type="checkbox"/> Support services <input type="checkbox"/> OSY welcome bag <input type="checkbox"/> Referral(s) (list in comments) <input type="checkbox"/> Other:				Youth is a candidate for: <input type="checkbox"/> HS diploma <input type="checkbox"/> Health education <input type="checkbox"/> Life skills <input type="checkbox"/> Pre GED/GED <input type="checkbox"/> Job training <input type="checkbox"/> PASS <input type="checkbox"/> HEP <input type="checkbox"/> Career exploration <input type="checkbox"/> MP3 player <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> ESL <input type="checkbox"/> CAMP <input type="checkbox"/> Other:			
Comments:							



GOSOSY Student Services Plan

Name _____ Date _____

Location _____

Instructional

<input type="checkbox"/> ESL Instruction Focus/Goal(s):	Materials:
<input type="checkbox"/> Life Skills Focus/Goal(s):	Materials:
<input type="checkbox"/> Career Awareness/Vocational Training Focus/Goal(s):	Materials:
<input type="checkbox"/> Pre-GED Preparation Focus/Goal(s):	Materials:
<input type="checkbox"/> GED Preparation Focus/Goal(s):	Materials:
<input type="checkbox"/> Credit Recovery Focus/Goal(s):	Materials:
<input type="checkbox"/> Other Focus/Goal(s):	Materials:

Supportive

<input type="checkbox"/> Nutrition	<input type="checkbox"/> Dental Checkups
<input type="checkbox"/> Transportation	<input type="checkbox"/> Hearing Screenings
<input type="checkbox"/> Translation	<input type="checkbox"/> Vision Exams
<input type="checkbox"/> Material Resources	<input type="checkbox"/> Other _____
<input type="checkbox"/> Counseling Leading to Re-enrollment in School	<input type="checkbox"/> Other _____

Planned Methods of Supportive Service Delivery

Schedule of Planned Support

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times:							