



**Graduation and Outcomes for Success for Out-of-School Youth (GOSOSY)
2015-2016 STATE OSY STUDENT PROFILE DATA**

Reporting Period: Please provide your state OSY profile data for the period of 9/1/15 to 8/31/16.

State	TST Representative/Reporter	Phone Number	E-mail Address	Data Reported as

Please provide the following data in aggregate numbers for your state's OSY population based upon the OSY profiles collected in your state.

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age <input type="checkbox"/> 16 years <input type="checkbox"/> 17 years <input type="checkbox"/> 18 years <input type="checkbox"/> 19 years <input type="checkbox"/> 20 years <input type="checkbox"/> Other (Please list) 21 years old	Optional: How long is youth planning on being in the area?	Last Grade Attended <input type="checkbox"/> 1 st grade <input type="checkbox"/> 2 nd grade <input type="checkbox"/> 3 rd grade <input type="checkbox"/> 4 th grade <input type="checkbox"/> 5 th grade <input type="checkbox"/> 6 th grade When _____	<input type="checkbox"/> 7 th grade <input type="checkbox"/> 8 th grade <input type="checkbox"/> 9 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 12 th grade Where _____
Has access to transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No	English oral language proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments:	
Home Language: Please list the numbers of OSY speaking English, Spanish, and other languages. <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Please list)	Health Needs: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Urgent <input type="checkbox"/> Other (Please list)		Comments:	

Advocacy Needs: <input type="checkbox"/> Legal <input type="checkbox"/> Childcare <input type="checkbox"/> Translation/ Interpretation <input type="checkbox"/> Other (Please List)	Housing: 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 his/her spouse & kids <input type="checkbox"/> With kids <input type="checkbox"/> Alone	Comments:																																
Reasons for Leaving School: <input type="checkbox"/> Lacking credits <input type="checkbox"/> Needed to work <input type="checkbox"/> Missed state test <input type="checkbox"/> Other (Please list) Behavior issues	Expressed Interest in: <input type="checkbox"/> Learning English <input type="checkbox"/> Job Training <input type="checkbox"/> HSED <input type="checkbox"/> Earning a diploma <input type="checkbox"/> Not sure <input type="checkbox"/> No interests <input type="checkbox"/> Other (Please list)	Comments:																																
Availability: <table border="1" data-bbox="205 792 842 1024"> <thead> <tr> <th></th> <th>Su</th> <th>M</th> <th>T</th> <th>W</th> <th>Th</th> <th>F</th> <th>SA</th> </tr> </thead> <tbody> <tr> <td>Morning</td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td></td> </tr> <tr> <td>Afternoon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evening</td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td></td> </tr> </tbody> </table>		Su	M	T	W	Th	F	SA	Morning		-	-	-	-	-		Afternoon								Evening		-	-	-	-	-		List the number of OSY who are candidates for: <input type="checkbox"/> HS diploma <input type="checkbox"/> Pre HSED/HSED <input type="checkbox"/> HEP <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> Health Education <input type="checkbox"/> Job Training <input type="checkbox"/> Career Exploration <input type="checkbox"/> ESL <input type="checkbox"/> Life Skills <input type="checkbox"/> PASS <input type="checkbox"/> MP3 Players <input type="checkbox"/> CAMP <input type="checkbox"/> Other (Please list)	Comments:
	Su	M	T	W	Th	F	SA																											
Morning		-	-	-	-	-																												
Afternoon																																		
Evening		-	-	-	-	-																												
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																																		