



## iSOSY AT-RISK SECONDARY STUDENT PROFILE

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