

Please do not write in the gray areas.

Today's Date: _____	Age: _____	E-Date: _____	E-Code: _____	Grade: _____
Teacher: _____	Course(s) _____	Referring School: _____		

LAST NAME:	FIRST NAME:	NAME YOU LIKE TO BE CALLED:	DATE OF BIRTH:
ADDRESS:	CITY:	ZIP:	HOME PHONE:
GENDER:	ETHNICITY:	LANGUAGE SPOKEN AT HOME:	COUNTRY BORN IN:
STUDENT MOBILE NUMBER:	OTHER ETHNICITY (IF ANY):		

Student lives with:

- Parent(s) Guardian/Caregiver Agency Independent Foster Care Other
- Name of who you live with and their relationship to you (e.g. mom, brother, aunt, boyfriend, etc.)

- Parent or "people at home" speak and understand English: Yes No

Check all that applies:

Not a high school graduate (highest grade completed: _____) Passed HISET TASC GED

Passed/or passed some parts of the high school equivalency exam. Explain: _____

Some college Unknown

Does the student have or have they ever had an IEP or 504? Yes (year: _____) No

Is there a computer at home: Yes No Student's Email: _____

School Information.

What grade did student first enter LAUSD: _____

School of residence (home school): _____

Last school attended: _____ Last date attended (B.I.C.): _____

Enrolled in AEWC before? Yes No Other: _____

How did you find out about us? (check all that apply)

Referred by an agency (list agency name): _____

Parent heard of ACCT (how?): _____

Student heard of ACCT (how?): _____

Why did you come to the ACCT program?

Low in credits—too far behind. Personal safety. Pregnant/parenting. Work.

Bored/felt you weren't learning anything. Personal/family crisis.

Not getting help and support you needed from teachers and or/the school.

Other: _____

CONTACT 1: Parent/Guardian/Caregiver that you live with.

Name: _____ Relationship: _____

Work phone number: _____ x _____ Home phone number: _____

Cell phone number: _____

CONTACT 2: Parent/Guardian/Caregiver that you live with.

Name: _____ Relationship: _____

Work phone number: _____ x _____ Home phone number: _____

Cell phone number: _____

CONTACT 3: Parent/Guardian/Caregiver that you live with.

Name: _____ Relationship: _____

Work phone number: _____ x _____ Home phone number: _____

Cell phone number: _____

Probation Office Name: _____ Phone: _____ x _____

Social Worker Name: _____ Phone: _____ x _____

Work Information:

Name of student's employer: _____ Address: _____

Supervisor's full Name: _____ Phone: _____ x _____

Student's work schedule: _____