



OSY STUDENT PROFILE

DATE:	NAME:	GENDER: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other
MEP PROJECT/REGION:	COE#/ MEP ID/ MSIX:	OTHER CONTACT:
AGE:		
ADDRESS:	H2A WORKER: <input type="checkbox"/> yes <input type="checkbox"/> no	PHONE:
HOW LONG PLANNING TO STAY IN THE AREA? (optional)		
ACCESS TO TRANSPORTATION: <input type="checkbox"/> yes <input type="checkbox"/> no	ENGLISH ORAL LANGUAGE PROFICIENT: <input type="checkbox"/> yes <input type="checkbox"/> no	HOME LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other: _____
LAST GRADE ATTENDED: <input type="checkbox"/> 1st <input type="checkbox"/> 4th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> none <input type="checkbox"/> 2nd <input type="checkbox"/> 5th <input type="checkbox"/> 8th <input type="checkbox"/> 11th <input type="checkbox"/> 3rd <input type="checkbox"/> 6th <input type="checkbox"/> 9th <input type="checkbox"/> 12th	SCHOOL ATTENDED: When: Where:	REASONS FOR LEAVING SCHOOL: <input type="checkbox"/> disengaged <input type="checkbox"/> lacking credits <input type="checkbox"/> missed state test <input type="checkbox"/> needed to work <input type="checkbox"/> pregnancy/childcare <input type="checkbox"/> other: _____
HEALTH NEEDS: <input type="checkbox"/> dental <input type="checkbox"/> medical <input type="checkbox"/> vision <input type="checkbox"/> other: _____	ADVOCACY NEEDS: <input type="checkbox"/> access to technology <input type="checkbox"/> basic needs (food, shelter, clothing) <input type="checkbox"/> childcare <input type="checkbox"/> legal <input type="checkbox"/> mental health/counseling <input type="checkbox"/> translation/ interpretation <input type="checkbox"/> other: _____	HOUSING/ LIVES WITH: <input type="checkbox"/> alone <input type="checkbox"/> crew <input type="checkbox"/> kids <input type="checkbox"/> spouse <input type="checkbox"/> spouse/kids <input type="checkbox"/> parents/family <input type="checkbox"/> friends outside of work
INTERESTS: <input type="checkbox"/> earning diploma <input type="checkbox"/> HSED <input type="checkbox"/> job training <input type="checkbox"/> learning English <input type="checkbox"/> unsure <input type="checkbox"/> other: _____	CANDIDATE FOR: <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> CAMP <input type="checkbox"/> career exploration <input type="checkbox"/> ESL <input type="checkbox"/> health ed. <input type="checkbox"/> HEP <input type="checkbox"/> high school diploma <input type="checkbox"/> job training <input type="checkbox"/> life skills <input type="checkbox"/> PASS <input type="checkbox"/> pre-HSED/ HSED <input type="checkbox"/> other: _____	
AVAILABILITY: Date: Time:	PREFERRED COMMUNICATION METHOD: <input type="checkbox"/> email <input type="checkbox"/> phone <input type="checkbox"/> text <input type="checkbox"/> Whatsapp <input type="checkbox"/> other: _____	RECEIVED AT INTERVIEW: <input type="checkbox"/> educational material <input type="checkbox"/> OSY welcome bag <input type="checkbox"/> referral(s) <input type="checkbox"/> support services <input type="checkbox"/> other: _____
COMMENTS:		