

# School District of Philadelphia Re-Engagement Center Intake Form

Your responses are **confidential** and will be used to best serve your personal needs.

STUDENT NAME: \_\_\_\_\_  
(First) (Middle) (Last)

Name (if not student): \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Age: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sex:  Male  Female Status:  Single  Married  Divorced  Significant Other

U.S. Citizen:  Yes  No English language learner:  Yes  No

Race/Ethnicity:  African American  Hispanic/Latino  Hawaiian/Pacific Islander  
 Caucasian  Asian  Other: \_\_\_\_\_

## SCHOOL INFORMATION

What is your goal(s) for today? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> To return to school                | <input type="checkbox"/> To comply with a court order                  |
| <input type="checkbox"/> To earn my high school diploma     | <input type="checkbox"/> To satisfy my family                          |
| <input type="checkbox"/> To earn my GED                     | <input type="checkbox"/> To find employment                            |
| <input type="checkbox"/> To increase reading or math skills | <input type="checkbox"/> To learn more about my options for graduating |
| <input type="checkbox"/> To understand my school records    | <input type="checkbox"/> Other (please explain): _____                 |
| <input type="checkbox"/> To learn about my school options   |  |

What was the last school you attended? \_\_\_\_\_

If you are still enrolled, why do you want to change school programs?  
\_\_\_\_\_  
\_\_\_\_\_

If you are not enrolled, when was the last time you attended school? \_\_\_\_/\_\_\_\_ (mm/yyyy)

What grade were you in? \_\_\_\_\_ Did you have an IEP (Individual Education Plan)?  Yes  No

What was your reason for leaving school? (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Behavioral Issues             | <input type="checkbox"/> Didn't like assigned school | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Boredom- Not Challenging      | <input type="checkbox"/> Financial problems          | <input type="checkbox"/> Overage differences   |
| <input type="checkbox"/> Childcare/Pregnancy           | <input type="checkbox"/> Family Issues               | <input type="checkbox"/> Safety                |
| <input type="checkbox"/> Death                         | <input type="checkbox"/> Housing                     | <input type="checkbox"/> Truancy               |
| <input type="checkbox"/> Other (please explain): _____ |  |  |

## FUTURE PLANS

What do you plan to do after you graduate high school? (check only one option)

- |  |  |
|--|--|
| <input type="checkbox"/> 2 Year college            | <input type="checkbox"/> Military (Which branch?): _____ |
| <input type="checkbox"/> 4 Year college            | <input type="checkbox"/> Undecided                       |
| <input type="checkbox"/> Trade or Technical School | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Employment                |  |

PLEASE COMPLETE PAGE 2 →

If College, Trade or Technical School was selected, please list the areas of study or major that interests you most, if known: \_\_\_\_\_

If Employment was selected, please describe your interests below:

APPRENTICESHIP, in the field of: \_\_\_\_\_ with company: \_\_\_\_\_

FULL-TIME JOB, Company: \_\_\_\_\_ Position: \_\_\_\_\_

FUTURE CAREER INTEREST- Please describe the career(s) that interest you most:  
\_\_\_\_\_

**SUPPORTIVE SERVICES**

What things would you like to discuss that will help you succeed in meeting your goals? *(check all that apply)*

- Children's health insurance     Drug & alcohol treatment
- Parenting skills     Criminal history
- Mental health services     Health concerns
- Housing     Other: \_\_\_\_\_

Do you have children?     Yes     No    Do you need childcare?     Yes     No

Are you expecting a child?     Yes     No

**EMPLOYMENT** *(check the services you need)*

- Finding a job     Interview skills
- Resume, cover letters     Tips to stay employed
- Interview clothes     Other: \_\_\_\_\_

Are you currently employed?     Yes     No

Company: \_\_\_\_\_ Position: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Salary: \_\_\_\_\_

What shift(s) do you work?     Morning     Evening     Overnight     Part time     Full time

How did you hear about us?  
\_\_\_\_\_

**If you are under 18, please complete:**

PARENT/GUARDIAN Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Reliable Contacts**

1) Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MySpace Name: \_\_\_\_\_

Do we have your permission to contact your "reliable contacts" and send you messages through MySpace.com as a last resort?

*I declare that I have answered the above questions to the best of my knowledge and belief. Please sign and date this form.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_