



Region One Out of School Youth Service Referrals 2018 - 2019



Name:	NGS#:
Cohort Year:	Last Date of Enrollment:

STUDENT CUMMULATIVE HISTORY:

<input type="checkbox"/> 504	<input type="checkbox"/> LEP	<input type="checkbox"/> Migrant	<input type="checkbox"/> Sp Ed	<input type="checkbox"/> Other:
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REASON FOR DROPPING OUT:

<input type="checkbox"/> Failed or Missed one or more sections of the Statement Assessments	
<input type="checkbox"/> Missing _____ credits	<input type="checkbox"/> Needed to work
<input type="checkbox"/> Multiple years in same grade level	<input type="checkbox"/> Other:

ACADEMIC HISTORY:

State Assessments	
TAKS Test	STAAR Test
ELA:	English I:
Math:	English II:
Science:	Algebra:
Social Studies:	Biology:
	US History:

CREDITS:

Credits student earned:

Student is lacking:

INSTUCTIONAL SERVICES

DISTRICT SERVICES	REFERRED SERVICES
<input type="checkbox"/> State Assessment Remediation (Test Prep)	<input type="checkbox"/> High School Equivalency Program:
<input type="checkbox"/> Health Education	<input type="checkbox"/> GED:
<input type="checkbox"/> Pre-GED	<input type="checkbox"/> Distance Learning:
<input type="checkbox"/> Tutorial	<input type="checkbox"/> Workforce Solutions
<input type="checkbox"/> Life Skills	<input type="checkbox"/> Job/Vocational Training:
<input type="checkbox"/> Credit Recovery:	<input type="checkbox"/> ESL:
<input type="checkbox"/> Distance Learning:	<input type="checkbox"/> Adult Basic Education (ABE):
<input type="checkbox"/> Math	<input type="checkbox"/> Computer Literacy:
<input type="checkbox"/> Reading	<input type="checkbox"/> Credit Recovery:
<input type="checkbox"/> PASS	<input type="checkbox"/> Pre-GED:
<input type="checkbox"/> Project SMART	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	

SUPPORT SERVICES

DISTRICT SERVICES	REFERRED SERVICES
<input type="checkbox"/> Clothing	<input type="checkbox"/> Transportation:
<input type="checkbox"/> Counseling Services	<input type="checkbox"/> WIC
<input type="checkbox"/> Materials and Resources	<input type="checkbox"/> Housing:
<input type="checkbox"/> School Supplies	<input type="checkbox"/> Medical Services:
<input type="checkbox"/> Counseling Leading to Re-enrollment	<input type="checkbox"/> Dental Check-Up:
<input type="checkbox"/> Tools Used for Academic Assistance:	<input type="checkbox"/> Vision Exam:
<input type="checkbox"/> Other:	<input type="checkbox"/> Hearing Screening:
	<input type="checkbox"/> Translation/Interpretation
	<input type="checkbox"/> Nutrition
	<input type="checkbox"/> Child Care:
	<input type="checkbox"/> Other:

