

Ava Alternative Program Application

Student Name: _____ SSN _____

Date: _____ Grade: _____ Credits: _____

Age: _____ Sex: _____ Date of Birth: _____

Name of person completing application: _____

Relationship to student: _____

Check all blanks that apply to the student:

Living with:

Both parents

One parent

Alone

Relative

Other (Specify below)

Parents at home:

Father

Step-father

Mother

Step-mother

Race

Caucasian

American Indian

Asian

African American

Hispanic

Father: _____ Employed at: _____

Home Phone: _____ Work Phone: _____

Mother: _____ Employed at: _____

Home Phone: _____ Work Phone: _____

Guardian: _____ Employed at: _____

Home Phone: _____ Work Phone: _____

Last school attended: _____

Name

Address

Has student repeated a grade? _____ If so which grade(s)? _____

Has student failed a class? _____ If so, which class(es)? _____

Circle the highest grade the student plans to complete in school: 09 10 11 12

Does the student plan to continue his/her education after high school? _____

If so, in what area? _____

Statement of Nondiscrimination: "This agency is prohibited from discrimination on the ground of race, color, sex, religion, national origin, age disability, political affiliation, or belief."

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Check the types of classes the student has taken:

- Regular education
 - Special education
 - Chapter I/Title I
 - Other (specify below)
-

Is the student currently enrolled in special education class(es)? _____
If so, what class(es)? _____

Personal Information:

Does the student presently have a job? If so, where? _____
Is the student married? _____ Spouses name _____
How does the spouse of the student feel about school? _____

Does the student have a child? _____ Child's age _____
Is daycare a problem? _____ Explain _____

Please list any illnesses, accidents, or other health problems that the student currently has or has had in the past: _____

List any medications taken regularly or in the past: _____
Please check any health problems and give age:
 Allergy Asthma Heart disease
 Seizures Diabetes Orthopedic
 Visual Hearing loss ADD/ADHD
 Other (specify below)

Does the student have, or has had, any problems with drugs and/or alcohol? _____
If so, list these drugs: _____
Has the student ever attended a drug/alcohol rehabilitation center? _____
Name of facility? _____

Emergency Contact _____ Phone _____
Relationship to student _____

The signature below denotes the fact that the above information is accurate:

_____ Date: _____

Assessment Checklist

(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Lack of interest | <input type="checkbox"/> Poor visual/motor skills |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Language/speech
Development problems |
| <input type="checkbox"/> Eligible for free or reduced lunch | <input type="checkbox"/> Low ability level |
| <input type="checkbox"/> Handicapped
(physical, mental, emotional) | <input type="checkbox"/> Retained earlier |
| <input type="checkbox"/> Reclassified grade level in high school | <input type="checkbox"/> Poor grades |
| <input type="checkbox"/> Low performance level | <input type="checkbox"/> Frequent family moves |
| <input type="checkbox"/> Substance abuse problems | <input type="checkbox"/> Health Problems |
| <input type="checkbox"/> Family problems | <input type="checkbox"/> Pregnant, not married |
| <input type="checkbox"/> Single parent home | <input type="checkbox"/> Teenage parent |
| <input type="checkbox"/> Parent/Child conflict | <input type="checkbox"/> Excessive absences |
| <input type="checkbox"/> Poor self concept | <input type="checkbox"/> Dislike school |
| <input type="checkbox"/> Problems with teacher or principal | <input type="checkbox"/> Alienated from school
Environment |
| <input type="checkbox"/> Discipline problems | <input type="checkbox"/> Poor auditory skills |
| <input type="checkbox"/> Poor interpersonal relationships | <input type="checkbox"/> Below norm on standardized
tests |
| <input type="checkbox"/> No extra-curricular interests | <input type="checkbox"/> Failure of competency tests |
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Clothing needs |
| <input type="checkbox"/> Over age for grade placement | <input type="checkbox"/> Legal problems with court
system |
| <input type="checkbox"/> Other: _____ | |
| _____ | |
| _____ | |

Ava Alternative Program
Parent Assessment

Name: _____ Date: _____

Address: _____

Phone: _____

1. What are the reasons you would like your child to attend the Alternative School?

2. What things have worked for your child in the traditional high school setting?

3. What things have **not** worked for your child in the traditional high school setting?

4. Why do you think your child would be successful at the Alternative School?

5. What kind of support would your child need to be successful at the Alternative School?

6. What support would you be willing to give to enable your child to be successful at the Alternative School.

7. What do you see happening in your child's life in the next five years?

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Student Self-Assessment

1. What are the reasons you would like to attend the Alternative School?
2. What things have worked for you in the traditional high school setting?
3. What things have **not** worked for you in the traditional high school setting?
4. Why do you think you would be successful at the Alternative School?
5. What kind of support would you need to be success at the Alternative School?
6. What are you willing to do to be successful at the Alternative School?
7. What do you see happening in your life in the next five years?