Learning Center Student Educational Pathway Workbook

2015-16

Name: _________________________________

Site: _________________________________

Getting to know you:

Our goal is to get to know you so we can help match an educational path to your needs. We want a plan that works for you and helps address any barriers that are in the way of you reaching your potential as a student and person. Please answer these questions so we can learn more about you. They are divided up into the three areas that influence who you are – home, school, and community. Do your best to answer honestly so we can best serve you. We are not here to judge you, just to support you.

What do you like to be called? ____________________

Languages you are able to speak: __________________________________

How old are you? _________

Your birth date: ______________

Best # to reach you: __________________

Do you check your email regularly? (yes/no) _______

Which email? ________________

SCHOOL

Why are you here? (as a Learning Center student)

____

____

What do you like about school?

____

____

What are your academic strengths?

____

What are your academic challenges?

____

What might get in the way of your success at school? (For example: being late, missing school, not doing homework, behavior – kicked out of class or school regularly, work is too hard. If there are other reasons, please name them.)

____

____

____

Who is the adult who knows you best at your old school? What is this adult's role? (ie parent, aunt, social worker, teacher, etc.)

Name:______________________________ Role:_______________________

What is the last school you attended? ___________________

How long since you attended school? ______

List any other high schools you have attended:

____

Have you attended a Highline Alternative Program before? (yes/no) ______

Which one(s)? ____

Which of your close friends attend Highline Alternative Programs? Which programs do they attend?

____

____

____

HOME (& Family)

Where do you live? (house, apartment, shelter, group home, friend's house, or other)

____

What is your address?

____

If you don't know the address, what part of town do you live in?

____

How many times have you moved in the past year? _______________

Who do you live with? ____

Who is your guardian (could be parent or other responsible adult)? What is their relationship to you? __________________________________

If you are living independently, please tell us about your situation.

____

____

Are there any other places you stay other than your primary home? (ie with friends, with other family, shelter, etc.) If so, where? Who with? How often?

____

____

Do you have children? (yes/no, how many?) _____ How old are they? ____

Do you have responsibility for taking care of any children (yours or someone else's)? (yes/no) ______ If so, what are your responsibilities?

____

____

Do you have responsibility for caring for anyone else? (parents, aunts, siblings, friends)

____

Where do you eat most of your meals? _______________________________

Are you in foster care now? (yes/no) _____ Have you ever lived in foster care? (yes/no) _____

Did either of your parents graduate from high school? (yes/no) ________

Did either of your parents graduate from College? (yes/no) ________

Are either of your parents incarcerated (jail or facility)? (yes/no) ________

Do you have a physical and or mental health condition? If so, what?

____

Have you been prescribed medication for any condition(s)?

____

Do you think your condition is something that can affect your ability to be present and ready to learn in school? ____

Do others in your family speak a language other than english? (yes/no) ______

What Languages? ____

Do they speak English? (yes/no) _____

Who do you talk to when you need advice or support?

____

Are you interested in talking to support staff (Social Worker, Counselor, or Case Manager) about these resources for you and/or your family?

____

COMMUNITY

What do you normally do after school?

____

What do you enjoy doing on the weekends?

____

Who are your best friends?

____

Do you have a job? (yes/no) _____ What is it? ___________________

When do you work? ________________________

Are you involved in activities at any Community Centers, Boys and Girls Clubs, or mentoring programs? (yes/no) _________ If yes, describe:

____

Do you have a mental health counselor? _________

Who? (name and contact) _____________________________________

When and where do you meet? ___________________________________

Are you on parole or probation now? (yes/no) _________

Why? ____

Have you been in the past? (yes/no) _______

Why? ____

Are you gang involved? (yes/no) ______

Where?____

What areas of the city are unsafe for you to go?

____

Are you connected to any religious organizations or churches? (yes/no) ____

Which ones? ____

Have you had issues with drugs or alcohol in the past? (yes/no) ______ Please elaborate:

____

Are you required to attend any counseling or programs for drug/alcohol use? (yes/no)

____

Would you like to talk with someone about drug and alcohol use or any other concerns you might have? Yes ___ Maybe ____ No ____

Have you thought about or attempted suicide or self-harm? Yes or No______

If yes, please elaborate:

____

Do you know anyone you at risk of suicide or self-harm that you are concerned about? Yes or No______

If yes, please elaborate:

____

Would you like to talk with someone about suicide or self-harm?   Yes ___ Maybe ___ No ___

Is there anything else we should have asked? Please use this space to tell us anything else we should know that would help us understand you better.

____

____

____

____

____

____

If you need support right now in any of the following areas, please check the box:

	Food		Child care
	Transportation		School supplies
	Clothing		Counseling
	Finding housing		Mentoring
	Medical needs		Other _________________________
	Mental Health		Addiction/Substance Use

Please fill in any squares from the categories listed which are applicable to your situation. All answers provided will be reviewed frequently throughout the school year. Thank you!

Academic Concerns

☐ The subject material is too hard
☐ I'm afraid of tests
☐ I don't like sitting in class
☐ School work is boring
☐ I'm not motivated to learn
☐ I don't get enough help in class
☐ My teacher doesn't like me
☐ I don't like my teacher
☐ I'm failing my classes so going to class is useless
☐ I don't learn anything in school
Other____________________________

Health Concerns

☐ I am depressed/sad
☐ I can't focus in class
☐ I am sick a lot
☐ I feel sick when I think about attending school
☐ I don't eat before or during school
☐ I'm having problems with drugs/alcohol use
☐ My prescription drugs make it difficult to learn
☐ I can't stay in my seat during class
☐ I am feeling suicidal
Other____________________________

Social Concerns

☐ Other students pressure me into skipping class
☐ I'm having problems with gangs
☐ I'm in a gang
☐ I'm being bullied
☐ I feel alone at school
☐ I don't have any friends
☐ I'm ashamed of how I look
☐ I socialize and talk too much
☐ I don't feel safe at school
Other_____________________________

Family Concerns

☐ My home life is a mess
☐ My parents don't care about school
☐ I don't have transportation to school
☐ I have to take care of other family members
☐ I don't have enough clothes
☐ I work during the school day
☐ I'm being abused or neglected
☐ I'm afraid things will fall apart if I leave home
☐ I think I'm pregnant
☐ I recently lost a loved one
Other_____________________________

Please check any of the following feelings, symptoms, or situations that apply to you.

__ Depressed
__ Feel inferior
__ Hopelessness
__ Sexual problems
__ Poor concentration
__ Suicidal thoughts
__ Food bingeing
__ Feel detached
__ Guilt
__ Crying spells
__ Poor memory
__ Drug use
__ See no future
__ Are perfectionistic
__ Tend to be dramatic
__ Unable to enjoy oneself
__ Bad home conditions
__ Purposely try to hurt others
__ Feel afraid of your emotions
__ Lack of interest in doing things
__ Purposely cut or hurt your body
__ Afraid others are out to get you
__ Like to be the center of attention
__ Perceive self as ugly or deformed
__ Try to get away with petty crimes
__ Use other people as a means to get your desires met
__Headaches
__Dizziness
__Fainting Spells
__ Racing Heart
__ Shortness of breath
__Choking sensations
__ Feeling anxious
__ Chest pain
__ Nausea
__ Muscles tension
__ Difficulty keeping jobs
__ Make careless mistakes
__ Feel life has no meaning
__ Difficulty remaining still
__ Difficulty making decisions
__ Difficulty finishing projects
__ Difficulty with romantic relations
__ Feel as if people will abandon you
__ Less interested in pleasant activities
__ Always need to be in a relationship
__ Constantly on guard for anything dangerous to happen
___ Constantly need assurance from others
__ Stomach trouble
__ Fatigue
__ Nightmares

With regard to sleep, do you…

Yes No Have difficulty falling asleep?
Yes No Have difficulty waking up?
Yes No Frequently wake during the night?
Yes No Sleep really long periods?
Yes No Wake earlier than intended?

Do you experience fear of…

Yes No Losing control?
Yes No Going "crazy"?
Yes No Dying?
Yes No Social situations?
Yes No Another specific situation, animal, thing?
(please specify _________________)

In the past month, have you…

Yes No Gained weight?
Yes No Lost weight?
Yes No Had poor appetite?
Yes No Noticed an increased appetite?

Yes No Do you ever have unwanted repetitive thoughts?
Yes No Do you ever perform unwanted repetitive habits?
Yes No Have periods of time when you feel as if "driven by a motor"?
Yes No Have periods of time when you feel "on top of the world"?
Yes No Have periods of time when you read several books at a time?
Yes No Have periods of time when you feel you can accomplish anything?
Yes No Have periods of time when you go on spending sprees?
Yes No Have periods of time when you drive at high speeds?

Yes No Have you ever witnessed a life threatening event or serious injury?
Yes No Have you ever been in an unusually stressful situation such as a war, disaster, or assault?

If YES to either of the above, did you…

Yes No Experience fear during the event?
Yes No Experience hopelessness or horror during the event?
Yes No Do you now ever experience distressing recollections of the event?
Yes No Do you now ever experience distressing dreams of the event?
Yes No Do you now ever act or feel as if the event was recurring?
Yes No Do you now have difficulty talking about the event?
Yes No Do you now have difficulty seeing anything that reminds you about the event?

I am taking the following psychotropic medication(s):

____

____

____

____

__

ATTENDANCE

My primary attendance goal for this year is:

____

____

I understand the expectation is that I attend school every day and work for 25 hours each week.

Attendance is a critical part of success in any school.

Most recently, I attended school about _____ days every week, which is approximately ___%.
My goal this year is to increase my attendance to _____ days every week, approximately ___%.

What are the biggest barriers to your attending school every day?

____

____

The steps I will take this year to achieve my attendance goal are:

1. First, I will ____.

2. Then, I will ____.

3. I will also ____.

Please rate yourself in the following areas:

	Always	Usually	Sometimes	Never
I come to school every day.				
I come to school on time.				
I attend all my classes when I come to school.				
I am on time for appointments.				

A note on attendance: Most successful students attend school more than 90% of the time. This means that they don't miss much school (they miss less than 3 days per month). How close are you to 90%?

Attendance Questionnaire

What is currently happening in your life that might keep you from attending class?

____

____

____

How does missing class affect you and others? Explain:

____

____

____

Who would be able to support you and help you with your situation?

____

____

____

What action can be taken that will empower you to attend class regularly?

____

____

____

ACADEMIC PLAN

My primary academic goal for this year is:

____

____

Graduation & Credit Totals

For this section we will be asking you about your credits and graduation requirements. If you don't know the exact information about your credits and graduation requirements please do your best to guess. We will do a more thorough credit check later in the intake process.

My projected graduation year is: __________________.

Currently, I have _______ total credits.

I still need to earn ________ credits in order to graduate.

My transcript is missing credits from the following schools:

____.

My goal for my time spent in the Learning Center is to earn ______ credits.

My goal is to graduate in ______ semester(s), which means I will graduate in

_____________________.

Testing

Tests I need to pass to graduate: (Reading? Writing? Math? Science?)

____

____

Other Requirements

High School and Beyond Plan Met __________

Senior Project Met __________

Washington State History Met ____________

I still need to complete: ____.

LITERACY

READING

My primary reading goal:

____

____

My next reading goal:

____

____

WRITING

My primary writing goal for this year is:

____

____

My next writing goal:

____

____

How many days a week do you read outside of school? When? Where?

____

____

How many books, magazines, or news articles have you read in the past month?

____

____

What is the longest stretch of continuous reading that you can remember?

____

____

What is your favorite genre of book? Examples: fantasy, realistic fiction, science fiction, non-fiction, poetry, memoir, etc.

____

____

I do the following when I read (circle all that apply):

a. Sometimes I reread what I have just read in order to better understand

b. I write notes about my ideas

c. I can picture what is going on inside my head

d. I can empathize with the characters (I feel what they feel)

I believe that reading is important because (be honest!):

____

____

MATH

My primary math goal for this year is:

____

____

What will you do to work toward your math goals that is different than what you have done in the past?

____

____

How will you know you are making progress?

____

____

What is something that you will need math for in the future?

____

____

Why is math important to you?

____

____

COLLEGE & CAREER DEVELOPMENT

My primary career development goal for the 2015/2016 school year is:

____

____

List 5 careers you want to learn more about…

____

____

____

____

Which of these careers require college education or technical school?

____

____

What are your long and short term career/ post-secondary education goals?

Long Term Goal:

____

____

Short Term Goal (6 months):

____

____

What will you do this semester to work toward your career/post-secondary education goals?

____

____

How will you know that you are making progress? If you were asked for evidence, what would you show?

____

____

Have you ever worked or had a volunteer job? ______

Where: ____

Are you currently working? ____

Do you have ID? __________________

Do you have a copy of your Social Security Card? __________________

Do you have a resume? ___________________________

Who do you talk to about your future plans? ___________________________________

What will you do this year to work toward your career/post-secondary education goals?

____

____

Do you want to go to college or pursue other post-secondary training or education?

Why or Why not?

____

____

PERSONAL DEVELOPMENT

My primary personal development goal for this year is:

____

____

This goal is important to me because:

____

____

The steps I will take this year to achieve my personal goal are:

1. First, I will ____.
2. Then, I will ____.
3. I will also ____.

Did We Miss anything?

Is there anything not covered in this packet that you think should be in here?

____

____

Phew!!! You finished the packet!

The next part of intake is to work on your **Vision Board**. Follow the directions to making your personal vision statement. Feel free to be creative with your work. Write a poem, a rap, a paragraph, make a collage, do a comic strip, make a drawing, decorate it, make it beautiful! Go grab a poster board and have fun!