



STUDENT INTAKE FORM

Student Personal Information

Last Name	First Name	MI	ID#
Address	City	State	ZipCode
Date Of Birth	Age	Gender	Grade
School Name		School Phone#	

Parent(s) Information

Parent Name	Phone Number	Message/emergency #
# of Household: _____	<input type="checkbox"/> Single family	<input type="checkbox"/> Live with both parents
Household Income: _____	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other _____
Is home environment suitable for tutoring? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity: _____

Program Enrollment

Check one or all that apply

<u>Educational Programs</u>	<u>Personal Development</u>	<u>Social Development</u>
<input type="checkbox"/> Math/Reading/ Writing /Class	<input type="checkbox"/> Hmong Youth Mentoring Program	<input type="checkbox"/> Dance Class
<input type="checkbox"/> Tutoring Program	<input type="checkbox"/> Teen Leadership Program	<input type="checkbox"/> Culture Class
• Home	<input type="checkbox"/> Touching Technology	<input type="checkbox"/> Recreation
• School	<input type="checkbox"/> Parent/Youth Support Group	<input type="checkbox"/> Service Learning
<input type="checkbox"/> Summer Reading Camp	<input type="checkbox"/> Resource/Support Services	<input type="checkbox"/> Tae Kwon Do Class
<input type="checkbox"/> GED	<input type="checkbox"/> Employment Placement	<input type="checkbox"/> Family Gathering
	<input type="checkbox"/> 1-on-1 Counseling /Support	<input type="checkbox"/> Others (special project)
	<input type="checkbox"/> Job/Career Exploration/Job Training	
	<input type="checkbox"/> Independent Living Skills	

Referral

<u>Source of Referral</u>	<u>Reason for Referral</u>	<u>Programs</u>
<input type="checkbox"/> School	<input type="checkbox"/> Parent/Youth Support	<input type="checkbox"/> Elementary
<input type="checkbox"/> Social Service Agencies	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Jr. High
<input type="checkbox"/> Self/Parents	<input type="checkbox"/> Personal/Social/Recreational Activities	<input type="checkbox"/> High School
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Culture/Dance Program	<input type="checkbox"/> At-Risk
<input type="checkbox"/> Probation Officer	<input type="checkbox"/> Truancy/School Problems	<input type="checkbox"/> Incarcerate
<input type="checkbox"/> State Detention Center		

Intake Staff: _____

Date: _____