



*To be completed in collaboration with the student

Interview date:

Student name:	
ASN:	DOB:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another	Grade:
School/Program:	
Home phone:	Cell phone:
Email and/or social media contact:	
Student strengths and interests:	

Contact information for a caring adult/advocate in the community:

Name:	Relationship:
Phone:	Email or Social Media contact:

Reasons for postponing school completion:

Addiction concerns	<input type="checkbox"/>	Mental health concerns	<input type="checkbox"/>
Difficulty attending school	<input type="checkbox"/>	Need different course options	<input type="checkbox"/>
Coursework is too challenging	<input type="checkbox"/>	Parenting responsibilities	<input type="checkbox"/>
Criminal justice barriers	<input type="checkbox"/>	Peer influences	<input type="checkbox"/>
Employment responsibilities/hours	<input type="checkbox"/>	Physical health concerns	<input type="checkbox"/>
Family responsibilities	<input type="checkbox"/>	Questioning relevance of education	<input type="checkbox"/>
Financial hardship	<input type="checkbox"/>	Safety concerns at school	<input type="checkbox"/>
Lack of positive adults	<input type="checkbox"/>	School expectations are challenging	<input type="checkbox"/>
Language barriers	<input type="checkbox"/>	Unstable housing	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

What supports do you have in place for this transition?

How will you know when you are ready to return to school? What needs to happen? What supports will you need?

When are you planning to return?

Was the Finish School Your Way document provided? Yes No

CBE Staff collaborating on this document:

Name	Position
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