

D.E.U.C.E.S. ASSESSMENT FORM

(Developing Equity through Unique Career and Employment Services)

DATE:	STAFF INITIAL:
NAME:	DOB:
ADDRESS:	
CITY:	ZIP:
EMAIL:	PHONE:
BEST TIME TO CONTACT YOU:	
FORMER SCHOOL:	LAST GRADE COMPLETED:

Please mark the reason(s) for dropping out of school (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Academic Difficulty
<input type="checkbox"/> Behavior Difficulty
<input type="checkbox"/> Dislike of the school experience
<input type="checkbox"/> Lack of appropriate curriculum
<input type="checkbox"/> Lack of interest or motivation
<input type="checkbox"/> Poor student/staff relationship
<input type="checkbox"/> Poor relationship with students
<input type="checkbox"/> Transportation
<input type="checkbox"/> Homeless
<input type="checkbox"/> Needed to find a job
<input type="checkbox"/> Family care responsibilities | <input type="checkbox"/> Exceeded allowable absences
<input type="checkbox"/> Needed at home
<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Marriage
<input type="checkbox"/> Parental Influence
<input type="checkbox"/> Physical influence (bullied)
<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Health Issues
<input type="checkbox"/> Expelled (no option to return)
<input type="checkbox"/> Employment
<input type="checkbox"/> Other _____ |
|---|--|