

# **TEEN EVOLUTION EXPERIENCE NETWORK**

## **STUDENT INFORMATION INTAKE FORM – \* Please PRINT neatly \***

Referral Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent or Guardian's Name (if applicable): \_\_\_\_\_

Current Living Situation (This is a **REQUIRED** response question – please check ONE):

Shelter \_\_\_\_\_ Transitional Housing \_\_\_\_\_ Doubled Up (2+ families in one residence) \_\_\_\_\_

Living on your own \_\_\_\_\_ Living with friend or relative (NOT parent/guardian) \_\_\_\_\_

Foster Home (Temporary Placement) \_\_\_\_\_ \*None of these apply \_\_\_\_\_

\*If **none**, please explain: \_\_\_\_\_

Phone Number: ( ) -  Home  Cell E-mail: \_\_\_\_\_

Current School: \_\_\_\_\_

School Counselor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Have you ever repeated a grade? YES  NO

If yes, what grade(s) did you repeat? \_\_\_\_\_

Total # of school credits accumulated: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Are you on track to graduate on time? YES  NO

If "NO," what services can we provide for you to get you to that point?

---

---

1. Are you currently struggling in any subjects? YES  NO

If "YES," please list them:

---

---

2. Are you interested in getting help/tutoring for the subject(s) you listed? YES  NO

3. Do you have any goals for the upcoming school year? YES  NO

If "YES," what are they? \_\_\_\_\_

---

4. What obstacles, if any, hurt your performance in school last year? \_\_\_\_\_

---

5. Would you be more interested in attending: (circle one): A: College B: Technical/trade school

6. Have you taken any of the following tests?:

P.S.A.T. – YES  NO  S.A.T. – YES  NO  A.C.T. – YES  NO

7. What top two (2) areas of study interest you most?

A. \_\_\_\_\_ B. \_\_\_\_\_

8. What do you want to be when you grow up?

---

---

9. What do you like to do?

---

---

10. Do you have any supports outside the shelter/residence? YES  NO

11. List some things that you feel you are good at and/or do well (i.e., good listening skills, good cook, read, sing, dance, play instrument, etc.)

---

---

12. Are you involved in any after school activities? YES  NO

If "NO," what activities are you interested in?

---

---

13. What are the 5 things you would like to gain from the Teen Evolution Experience Network?

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

14. What are 5 workshops topics that interest you?

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

Additional Comments/Concerns from Parent/Guardian:

---

---

---

---

**T.E.E.N. Outreach Contact Information**

If you have any questions about the T.E.E.N. Program please contact:

- Ms. Janan Green-Ashton; 215-400-5075 or email [jgreenashton@philasd.org](mailto:jgreenashton@philasd.org)

You can also fax your survey to 215-400-4174.

**Thank You for Your Interest!**