

NYS MEP – Out-of-School Youth Profile

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|---|---|--|
| Date: <input style="width:80%;" type="text"/> | METS Project: <input style="width:95%;" type="text"/> | COE#: <input style="width:95%;" type="text"/> |
| Name: <input style="width:95%;" type="text"/> | | <input type="checkbox"/> Male <input type="checkbox"/> Female Age: <input style="width:40px;" type="text"/> |
| Address/Camp: <input style="width:95%;" type="text"/> | | Phone: <input style="width:95%;" type="text"/> |
| Last Grade Attended: <input style="width:150px;" type="text"/> | Year: <input style="width:100px;" type="text"/> | Where: <input style="width:200px;" type="text"/> |
| Oral English Language Proficiency (Speaks English): <input type="checkbox"/> Yes: <input type="checkbox"/> Minimum <input type="checkbox"/> Adequate <input type="checkbox"/> No | | Home language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: <input style="width:150px;" type="text"/> |
| Health Needs: <input type="checkbox"/> N/A <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Other: <input style="width:200px;" type="text"/> | | Urgent Health Need(s): <input type="checkbox"/> Action Taken: <input style="width:200px;" type="text"/> <input type="checkbox"/> Date Action Taken: <input style="width:150px;" type="text"/> |
| Preferred Communication Method (Facebook, WhatsApp, etc.) <input style="width:400px;" type="text"/> | | |
| Advocacy Needs: <input type="checkbox"/> Legal <input type="checkbox"/> Childcare <input type="checkbox"/> Translation/Interpretation <input type="checkbox"/> Other <input style="width:150px;" type="text"/> | | |
| Based on the information collected above, the youth is: <input type="checkbox"/> Here-to-work <input type="checkbox"/> Recovery | | |

Check all that apply in the categories below.

| Expressed interests in: <input type="checkbox"/> Learning English <input type="checkbox"/> Job Training <input type="checkbox"/> High School Equivalency <input type="checkbox"/> Earning a diploma <input type="checkbox"/> Not sure <input type="checkbox"/> No interest <input style="width:200px;" type="text"/> <input type="checkbox"/> Other: <input style="width:200px;" type="text"/> | Availability: <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Sun</th><th>Mon</th><th>Tues</th><th>Wed</th><th>Thurs</th><th>Fri</th><th>Sat</th> </tr> </thead> <tbody> <tr> <td>M <input type="checkbox"/></td><td>M <input type="checkbox"/></td><td>M <input type="checkbox"/></td><td>M <input type="checkbox"/></td><td>M <input type="checkbox"/></td><td>M <input type="checkbox"/></td><td>M <input type="checkbox"/></td> </tr> <tr> <td>A <input type="checkbox"/></td><td>A <input type="checkbox"/></td><td>A <input type="checkbox"/></td><td>A <input type="checkbox"/></td><td>A <input type="checkbox"/></td><td>A <input type="checkbox"/></td><td>A <input type="checkbox"/></td> </tr> <tr> <td>E <input type="checkbox"/></td><td>E <input type="checkbox"/></td><td>E <input type="checkbox"/></td><td>E <input type="checkbox"/></td><td>E <input type="checkbox"/></td><td>E <input type="checkbox"/></td><td>E <input type="checkbox"/></td> </tr> </tbody> </table> <p>M = Morning, A = Afternoon, E = Evening</p> | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | M <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | E <input type="checkbox"/> | E <input type="checkbox"/> | E <input type="checkbox"/> | E <input type="checkbox"/> | E <input type="checkbox"/> | E <input type="checkbox"/> | E <input type="checkbox"/> |
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| A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| E <input type="checkbox"/> | E <input type="checkbox"/> | E <input type="checkbox"/> | E <input type="checkbox"/> | E <input type="checkbox"/> | E <input type="checkbox"/> | E <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Has access to transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for leaving school: <input type="checkbox"/> Insufficient credits <input type="checkbox"/> Needed to work <input type="checkbox"/> Missing State test requirements <input type="checkbox"/> Other: <input style="width:400px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Housing - Youth lives: <input type="checkbox"/> With a crew <input type="checkbox"/> With friends outside of work <input type="checkbox"/> With his/her parents/family <input type="checkbox"/> With spouse & kids <input type="checkbox"/> With kids <input type="checkbox"/> Alone | At interview, youth received: <input type="checkbox"/> Educational materials <input type="checkbox"/> Support services <input type="checkbox"/> OSY welcome bag <input type="checkbox"/> Referral(s) (list in comments) <input type="checkbox"/> Other: <input style="width:300px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Youth may be a candidate for: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Health Education <input type="checkbox"/> High School Equivalency <input type="checkbox"/> Job Training <input type="checkbox"/> HEP <input type="checkbox"/> Career Exploration <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> Life Skills <input type="checkbox"/> ESL <input type="checkbox"/> PASS <input type="checkbox"/> CAMP <input type="checkbox"/> Other: <input style="width:200px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Comments:

METS Staff Name/Signature