

"A" School
Application to Armstrong's Alternative Program

Today's date: _____

Name: _____ ID#: _____ Age: _____

Referred by: _____

Address: _____ City: _____ ZIP code: _____

Mother's Name: _____

Father's Name: _____

Are your parents: Married and living together Divorced Other
 Widowed Remarried

With whom do you live? _____

Are you employed? _____ If so, where? _____

Have you ever been in treatment? yes no
If yes, was it: Chemical? Emotional?
If yes, did you complete treatment? yes no
If no, why not? _____

Have you ever been in a support group? yes no
If yes, which one? _____ Are you still attending? yes no
If no, why not? _____

Activities/clubs/sports in school: _____

Activities/clubs/sports outside of school: _____

My desire to overcome personal and academic difficulties is shown by (check all that apply):

- Attempts to improve attendance
- Attempts to change behavior in order to stay in class/school
- Attempts to interact positively with school staff
- Attempts to manage personal behavior (passive or aggressive)
- Attempts to become better organized
- Attempts to complete assignments

I may not graduate on time or I may drop out of school because of (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Absences | <input type="checkbox"/> Skipping entire school days |
| <input type="checkbox"/> Tardies to school | <input type="checkbox"/> Skipping individual classes |
| <input type="checkbox"/> Tardies to class | <input type="checkbox"/> Not getting along |
| <input type="checkbox"/> Incomplete assignments | <input type="checkbox"/> School work is too difficult |
| <input type="checkbox"/> Family issues | <input type="checkbox"/> Stress / anxiety |

I would like to be in "A" School because _____
