



Mission

To ensure that all LAUSD students are enrolled, attending, engaged, and on-track to graduate.

**Comprehensive Academic Assessment (CAA) 2015-2016
 (Modified for Student Support System, S³)**

Biographical Information		
Student's Name: Click here to enter text.	School: Click here to enter text.	
Grade: Click here to enter text.	DOB: Enter a date	LAUSD ID: Click here to enter text. DCFS Case #: Click here to enter text.
Interventions		
School Interventions: Yes <input type="checkbox"/> / No <input type="checkbox"/>		
<input type="checkbox"/> Tutoring Enter a date	<input type="checkbox"/> Initial SST Enter a date	<input type="checkbox"/> Follow-up SST Enter a date <input type="checkbox"/> COST Enter a date
<input type="checkbox"/> SART Enter a date	<input type="checkbox"/> SARB referral Enter a date	<input type="checkbox"/> Special Education Assessment Enter a date
<input type="checkbox"/> Behavioral Plan Enter a date	<input type="checkbox"/> 504 Plan Enter a date	<input type="checkbox"/> Summer/Intersession Instruction Enter a date
<input type="checkbox"/> Other: Enter a date Click here to enter text.		
Health & Mental Health Interventions: Yes <input type="checkbox"/> / No <input type="checkbox"/>		
<input type="checkbox"/> Mental Health Referral (outside agency) Enter a date	<input type="checkbox"/> Counseling Referral (school-based) Enter a date	
<input type="checkbox"/> School Nurse (vision/hearing/other) Enter a date	<input type="checkbox"/> Other: Enter a date Click here to enter text.	
Secondary School Level Interventions: Yes <input type="checkbox"/> / No <input type="checkbox"/>		
<input type="checkbox"/> YouthSource Enter a date	<input type="checkbox"/> Employment Training Enter a date	<input type="checkbox"/> Dual enrollment/credit recovery Enter a date
<input type="checkbox"/> Drop-out Prevention Counselor Enter a date	<input type="checkbox"/> Other: Enter a date Click here to enter text.	
Family Interventions: Yes <input type="checkbox"/> / No <input type="checkbox"/>		
<input type="checkbox"/> FamilySource Enter a date	<input type="checkbox"/> Parenting Workshop Enter a date	<input type="checkbox"/> Medi-Cal Enter a date
<input type="checkbox"/> Homeless Services Enter a date	<input type="checkbox"/> CalWorks/AFLP Enter a date	<input type="checkbox"/> Other: Enter a date Click here to enter text.
At-Risk Indicators / Noted Concerns		
Academic Concern(s): Yes <input type="checkbox"/> or No <input type="checkbox"/>		
<input type="checkbox"/> 1s or 2s	<input type="checkbox"/> Fs or Ds	<input type="checkbox"/> Low Overall GPA
<input type="checkbox"/> Below average on standardized tests	<input type="checkbox"/> Inappropriate referral of student to alternative school setting	
<input type="checkbox"/> Other: Click here to enter text.		
Attendance Concern(s): Yes <input type="checkbox"/> or No <input type="checkbox"/>		
<input type="checkbox"/> Excessive tardies (as defined by PSA)	<input type="checkbox"/> Truancy	<input type="checkbox"/> Basic attendance (92-95%) <input type="checkbox"/> Chronic absenteeism (<91%)
<input type="checkbox"/> On "potential drop out" list	<input type="checkbox"/> Gaps in Enrollment	<input type="checkbox"/> Other: Click here to enter text.
School Stability/Enrollment/School of Origin Concern(s): Yes <input type="checkbox"/> or No <input type="checkbox"/>		
<input type="checkbox"/> Recent school transfer from SOO	<input type="checkbox"/> Records not received in 2 days	<input type="checkbox"/> Delayed school enrollment
<input type="checkbox"/> Recent placement or living situation change	<input type="checkbox"/> Other: Click here to enter text.	
Educational Rights Holder Concern(s): Yes <input type="checkbox"/> or No <input type="checkbox"/>		
<input type="checkbox"/> ERH Unknown	<input type="checkbox"/> Proof of ERH appointment not received	<input type="checkbox"/> Unsuccessful attempts to Contact ERH
<input type="checkbox"/> Other: Click here to enter text.		
Social/Emotional/ Behavioral Concern(s): Yes <input type="checkbox"/> or No <input type="checkbox"/>		
<input type="checkbox"/> Suspended 10 days or more	<input type="checkbox"/> Opportunity Transfer in past 6 months	<input type="checkbox"/> Expelled in past 6 months
<input type="checkbox"/> Pending Tickets or Warrants	<input type="checkbox"/> Currently being considered for an opportunity transfer or expulsion	
<input type="checkbox"/> Intended referral to alternative school setting for behavior reasons		
<input type="checkbox"/> Other: Click here to enter text.		
High School Only Concern(s): Yes <input type="checkbox"/> or No <input type="checkbox"/>		
<input type="checkbox"/> Failed/must retake courses	<input type="checkbox"/> A-G Requirements Off Track	<input type="checkbox"/> Missing partial credits or check out grades from previous schools
<input type="checkbox"/> Transferred after 2 nd year of HS and cannot satisfy LAUSD requirements.		
<input type="checkbox"/> Other: Click here to enter text.		

Start Date: [Enter a date](#)

Completed By: [Click here to enter text.](#)

Date Completed: [Enter a date](#)

Program: [Choose an item.](#)



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Early Education Supplemental Form 2015-2016 (Modified for Student Support System, S³)

Biographical Information	
Student's Name: Click here to enter text.	School: Click here to enter text.
Grade: Click here to enter text.	DOB: Enter a date LAUSD ID: Click here to enter text. DCFS Case #: Click here to enter text.
Early Care & Education History (List most recent school first) Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Start Date: Enter a date End Date: Enter a date Program Type: Choose an item. LAUSD: Choose an item. Day Type: Choose an item.	Program/Provider Name & Phone: Click here to enter text.
Was student asked to leave program? Choose an item.	
Explained: If yes, Click here to enter text.	
Start Date: Enter a date End Date: Enter a date Program Type: Choose an item. LAUSD: Choose an item. Day Type: Choose an item.	Program/Provider Name & Phone: Click here to enter text.
Was student asked to leave program? Choose an item.	
Explained: If yes, Click here to enter text.	
Start Date: Enter a date End Date: Enter a date Program Type: Choose an item. LAUSD: Choose an item. Day Type: Choose an item.	Program/Provider Name & Phone: Click here to enter text.
Was student asked to leave program? Choose an item.	
Explained: If yes, Click here to enter text.	
History of referrals and Intervention: Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Was student referred to the Regional Center? Choose an item.	
If yes, what services did the student receive? Click here to enter text.	
Was the student referred to any other agency, public or private for early intervention services? Choose an item.	
If yes, what services did the student receive? Click here to enter text.	
Parents/ Caregivers concern(s): Yes <input type="checkbox"/> or No <input type="checkbox"/>	
<input type="checkbox"/> Gross motor <input type="checkbox"/> Cognition <input type="checkbox"/> Fine motor <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Social/Behavioral <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Communication <input type="checkbox"/> Health <input type="checkbox"/> Other concern(s): Click here to enter text.	
Explain concern(s): Click here to enter text.	
Click here to enter text.	
Teachers concern(s): Yes <input type="checkbox"/> or No <input type="checkbox"/>	
<input type="checkbox"/> Gross motor <input type="checkbox"/> Cognition <input type="checkbox"/> Fine motor <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Social/Behavioral <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Communication <input type="checkbox"/> Attendance <input type="checkbox"/> Health <input type="checkbox"/> Other concern(s): Click here to enter text.	
Explain concern(s): Click here to enter text.	
Click here to enter text.	

Start Date: [Enter a date](#)

Completed By: [Click here to enter text.](#)

Date Completed: [Enter a date](#)

Program: [Choose an item.](#)



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HIGH SCHOOL SENIOR SUPPLEMENTAL FORM 2015-2016 (Modified for Student Support System, S³)

Biographical Information			
Student's Name: Click here to enter text.		School: Click here to enter text.	
Grade: Click here to enter text.	DOB: Enter a date	LAUSD ID: Click here to enter text.	DCFS Case #: Click here to enter text.
TRANSITIONAL PLANS			
Goals: <input type="checkbox"/> 4 Yr. college <input type="checkbox"/> Community college <input type="checkbox"/> Vocational <input type="checkbox"/> Military <input type="checkbox"/> Employment			
<input type="checkbox"/> Other: Click here to enter text.			
College Information: <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable			
Applied to college: Choose an item.		Need help applying to college: Choose an item.	
Decided on career: Choose an item.	Career interest: Click here to enter text.	<input type="checkbox"/> PSAT	<input type="checkbox"/> SAT
		<input type="checkbox"/> PACT	<input type="checkbox"/> ACT
College applied to: Click here to enter text.		Accepted: Choose an item.	
College applied to: Click here to enter text.		Accepted: Choose an item.	
College applied to: Click here to enter text.		Accepted: Choose an item.	
Financial Aid Information: <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable			
FAFSA: Choose an item.	Need FAFSA assistance: Choose an item.	GPA verification: Choose an item.	CHAFEE grant application: Choose an item.
Applied for scholarships: Choose an item.		Need assistance applying for scholarships: Choose an item.	
Scholarship applied For: Click here to enter text.		Awarded: Choose an item.	
Scholarship applied For: Click here to enter text.		Awarded: Choose an item.	
Scholarship applied For: Click here to enter text.		Awarded: Choose an item.	
Career/Vocational Information: <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable			
Applied to vocational/Career training: Choose an item.		Need assistance applying to vocational/Career training: Choose an item.	
Seeking employment: Choose an item.		Need assistance looking for employment: Choose an item.	
Employed: Choose an item.		Place of Employment: Click here to enter text.	
INDEPENDENT LIVING PROGRAM (ILP): <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable			
Celebration 1 (2.8 or higher/4 yr. Univ.): Choose an item.	Celebration 2 (Graduate): Choose an item.	Grad expense form: Choose an item.	

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Date Completed: [Enter a date](#)

Program: [Choose an item.](#)