



**Florida Migrant Education Program | Graduation and Outcomes for Success for OSY (GOSOSY)
Out-of-School Youth PROFILE**

Date:		District:				COE Form #:																																	
Last Name:		First Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Age:																																	
Address/Camp:		Phone:		Optional: How long is youth planning on being in the area? <input type="checkbox"/> less than 3 months <input type="checkbox"/> 4 or more months <input type="checkbox"/> not sure																																			
Has access to transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last grade attended: (Check last grade attended if applicable) When (year)? _____ Where (country)? _____ Or <input type="checkbox"/> Did not attend school																																					
English oral language proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1st grade/primero de primaria <input type="checkbox"/> 2nd grade/segundo de primaria <input type="checkbox"/> 3rd grade/tercero de primaria <input type="checkbox"/> 4th grade/cuarto de primaria <input type="checkbox"/> 5th grade/quinto de primaria <input type="checkbox"/> 6th grade/sexta de primaria		<input type="checkbox"/> 7th grade/primero de secundaria <input type="checkbox"/> 8th grade/segundo de secundaria <input type="checkbox"/> 9th grade/tercero de secundaria <input type="checkbox"/> 10th grade/primer y segundo semestres de preparatoria (Bachillerato) <input type="checkbox"/> 11th grade/tercer y cuarto semestres de preparatoria (Bachillerato) <input type="checkbox"/> * 12th grade/quinto y sexto semestres de preparatoria (Bachillerato)																																			
Home language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:																																							
Health needs: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Urgent <input type="checkbox"/> Other:				Advocacy Needs: <input type="checkbox"/> Legal <input type="checkbox"/> Childcare <input type="checkbox"/> Translation/Interpretation <input type="checkbox"/> Other:																																			
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 only <input type="checkbox"/> With spouse & children <input type="checkbox"/> With children <input type="checkbox"/> Alone				Reason for leaving school: <input type="checkbox"/> Discipline issues <input type="checkbox"/> Lacking credits <input type="checkbox"/> Needed to work <input type="checkbox"/> Medical issues <input type="checkbox"/> Missed State test <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other:																																			
Expressed interest in: <input type="checkbox"/> Earning a diploma <input type="checkbox"/> GED <input type="checkbox"/> Job training <input type="checkbox"/> Learning English <input type="checkbox"/> No interests <input type="checkbox"/> Not sure <input type="checkbox"/> Technology <input type="checkbox"/> Other:				Availability: (Check)																																			
				<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>Sun</td> <td>M</td> <td>T</td> <td>W</td> <td>Th</td> <td>F</td> <td>Sat</td> </tr> <tr> <td>Morning</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Afternoon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evening</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Sun	M	T	W	Th	F	Sat	Morning								Afternoon								Evening							
					Sun	M	T	W	Th	F	Sat																												
				Morning																																			
Afternoon																																							
Evening																																							
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:				Youth is a candidate for: <input type="checkbox"/> Adult Basic Ed <input type="checkbox"/> Credit Accrual (PASS/Virtual School) <input type="checkbox"/> Career Exploration <input type="checkbox"/> Health Ed <input type="checkbox"/> HEP <input type="checkbox"/> HS diploma <input type="checkbox"/> HSED (Pre GED/GED) <input type="checkbox"/> Job training <input type="checkbox"/> Learning English <input type="checkbox"/> Life skills <input type="checkbox"/> Mobile Technology <input type="checkbox"/> Post-Secondary Awareness (CAMP) <input type="checkbox"/> Other:																																			
Comments:				Where will youth move to next? Youth does not know. <input type="checkbox"/>																																			

Signature of interviewer: _____

OSY Signature: _____

**Florida Migrant Education Program | Graduation and Outcomes for Success for OSY (GOSOSY)
PROFILE Instructions**

To the extent possible, please complete this form for every OSY. If form already exists, complete a new form for each new school year.

Date – Enter date the profile was completed.

District – Enter the name of the district or agency.

COE Form # – Enter the preprinted COE number at the bottom of the form.

Last Name/First Name | Gender | Age | Address/Camp | Phone – Enter appropriate information.

How long is youth planning on being in the area? Check appropriate estimated length of stay.

Has access to transportation – Indicate if the youth has access to transportation services.

Last grade attended? When? Where? – Check the last grade attended; enter the year; enter the country.

- If the youth did not attend school, check the box marked “Did not attend school.”
- If the youth says he/she attended 12th grade, ask if he/she received a diploma in the country where he/she completed 12th grade.
- Include this information in the Comments box. Also be sure to include this on the COE.

English oral language proficiency – Indicate if the youth understands English based on oral language proficiency.

Home language – Indicate the language spoken by the youth “at home”. If other than English or Spanish, please specify.

Health needs – Check if the youth indicates having any health-related needs.

Advocacy needs – Check if the youth indicates having any advocacy needs.

Youth lives – Indicate housing accordingly.

Reason for leaving school – Indicate why the youth left school.

Expressed interest in – Check which option(s) may be of interest to the youth.

Availability – Indicate the best time(s) for youth to participate in educational or support services programs.

At the interview, youth received – Check what materials were provided to the youth while completing the profile.

Youth is a candidate for – Check which educational or support services option(s) may benefit the youth.

Comments – Share any important highlights or next steps for the student, as well as any referral provided. See instructions for last grade attended comments.

Where will youth move to next? – Enter as much information as possible (city, state, country). If youth does not know, check box.

Signature of interviewer – Complete accordingly.

Signature of OSY – Obtain signature of OSY. If unable to sign their name, place an X on signature line and make note that youth is unable to sign his/her name.