

## ASPIRA Management Information System OJJDP General Intake Information

**Name:** \_\_\_\_\_  
                            First Name                            Middle Name                            Last Name                            Nick Name

**Birth Date:** \_\_\_\_\_ (month/day/year)

**Address:** \_\_\_\_\_  
                            Street Name                            Apt. #                            City                            State                            Zip Code

**Supplemental Address:** \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ Transgender \_\_\_\_\_

**Ethnicity:**

- \_\_\_ American Indian/Alaskan Native
- \_\_\_ Asian
- \_\_\_ Black/African American
- \_\_\_ Hispanic/Latino
- \_\_\_ Native Hawaiian or Pacific Islander
- \_\_\_ Other Race
- \_\_\_ White/Caucasian

**National Origin:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Household Information:**

Household Income:

- |                     |                     |
|---------------------|---------------------|
| ___ \$0-15,315      | ___ \$36,196-41,415 |
| ___ \$15,316-20,535 | ___ \$41,416-46,635 |
| ___ \$20,536-25,755 | ___ \$46,636-51,855 |
| ___ \$25,756-30,975 | ___ \$51,856 and up |
| ___ \$30,976-36,195 |                     |

How Many People in Your Household? \_\_\_\_\_

Source of Income: \_\_\_\_\_ (ex: Salary, pension, investments, TANF (welfare), social security benefits, unemployment benefits, general assistance, disability benefits, veterans compensation, child support)

## ASPIRA Management Information System OJJDP Extended Intake Form

**Name:** \_\_\_\_\_  
First Name
Middle Name
Last Name

Communications preferences: Phone \_\_\_\_\_ Email \_\_\_\_\_ Post mail \_\_\_\_\_

**Program Participation:** *Select OJJDP Research Project*

**Location:** Urban \_\_\_\_\_ Suburban \_\_\_\_\_ Rural \_\_\_\_\_

**Contact Information:**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Area code + Number)
(Area code + Number)
(Area code + Number)

Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
First Name
Initial
Last Name

Relationship with Contact Person: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_  
(Area code + Number)

School District Student Name or Number: \_\_\_\_\_

**Immigration Status:**

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Immigration Status: \_\_\_\_\_

### OJJDP Baseline and Progress Data

**Education:**

Grade Level: \_\_\_\_\_ Promoted to next grade level: Yes \_\_\_\_\_ No \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ (scale 1-4)

School Name: \_\_\_\_\_ Expected High School Graduation Date \_\_\_\_\_

School Level

- Elementary
- Middle
- High School
- Alternative Education Program (GED or adult education program)
- Post-secondary

Drop out Status: Middle School  High School  Post-secondary  N/A

Educational status of high school seniors or equivalents:

- Received high school diploma
- Received high school equivalency credits
- Did not received high school diploma
- Other
- Unknown

College entrance Exam type: SAT  ACT  CEEB  N/A

College Exam Prep:

- Academic Year
- Summer
- Both
- N/A
- Unknown

SAT combined score (verbal + math): 0400 -1600 (score)  N/A  Unknown

SAT verbal score: 0200 -0800 (score)  N/A  Unknown

SAT math score: 0200 -0800 (score)  N/A  Unknown

ACT Score: 01-36  N/A  Unknown

College (postsecondary education) application

- Applied to admissions
- Did not apply to admission
- N/A

College financial aid application:

- Applied for financial aid
- Did not applied for financial aid
- N/A

Received Financial Aid: Yes  No

Postsecondary enrollment:

- Enrolled into postsecondary institution  N/A
- Not enrolled into postsecondary institution  Unknown
- Other

Type of postsecondary institution enrolled:

- Public, two year institution
- Public, non-profit, two years institution
- Public, four year institution
- Public, non-profit, four year institution
- Public or non-profit vocational/technical institution
- Proprietary school
- Unknown

**Parents Educational Level:**

Father Educational Attainment (grade level): 0-6 \_\_\_\_\_ 7-9 \_\_\_\_\_ 10-12 \_\_\_\_\_

Father Completed High School: Yes \_\_\_\_\_ No \_\_\_\_\_ Father College Education: Yes \_\_\_\_\_ No \_\_\_\_\_

Mother Educational Attainment (grade level): 0-6 \_\_\_\_\_ 7-9 \_\_\_\_\_ 10-12 \_\_\_\_\_

Mother Completed High School: Yes \_\_\_\_\_ No \_\_\_\_\_ Mother College Education: Yes \_\_\_\_\_ No \_\_\_\_\_

**Language**

Is English your primary language: Yes \_\_\_\_\_ No \_\_\_\_\_ If no please specify \_\_\_\_\_

Limited English proficiency status at program entry: Yes \_\_\_\_\_ No \_\_\_\_\_

Limited English proficiency status at program exit: Yes \_\_\_\_\_ No \_\_\_\_\_

**Justice**

Offender Status:

- At risk (no prior offense)
- First time offender
- Repeat offender
- Sex offender
- Status offender
- Violent offender

Under supervision of juvenile authorities:

- Yes
- No

Currently under probation:

- Yes
- No

Length of probation (Months) \_\_\_\_\_

Residing in a juvenile aftercare group home

- Yes
- No

Gang member

- Yes
- No

Substance Abuser

Yes  
 No

Teen Pregnancy

Yes  
 No

Adolescent parent

Yes  
 No

If yes, how many children \_\_\_\_\_

Mental Health Issues

Yes  
 No

High School/College Reentry

Yes  
 No

Displays social behavior problems

Yes  
 No

Improve Social Behavior

Yes  
 No

Improve Grade Point Average

Yes  
 No

Completed High School

Yes  
 No

Passed GED

Yes  
 No

Displays/reports family relationship challenges

Yes  
 No

Developed Cultural (Pride) Skills (Staff Reported)

Yes  
 No

Improved family relationships

Yes  
 No

Improved communication and technology skills

Yes  
 No

Increase in life skills/healthy behaviors

Yes  
 No

**Program Participation:**

Program Name

- Alcohol and Drug Abuse Prevention
- APEX
- Aspira Club
- Aspira Elementary School
- Aspira High School
- Aspira Middle School
- AYDP
- Entrepreneurship
- Financial Education
- Health Careers
- HIV Prevention

- Home Ownership
- Investment Education
- Math and Science Academy
- Mentoring
- Proyecto Casa
- Research – Youth Development**
- Student Educational Services
- Talent Search
- Traffic Safety
- Upward Bound Regular
- Upward Bound Veterans

Date of entry into program \_\_\_\_\_ (month/day/year)

**Program Activities**

**Tutoring**

____ Academic	Number of sessions academic _____	Number of hours academic _____
____ Summer	Number of sessions summer _____	Number of hours summer _____
____ Both		
____ N/A		
____ Unknown		

**Personal Counseling**

____ Academic	Number of sessions academic _____	Number of hours academic _____
____ Summer	Number of sessions summer _____	Number of hours summer _____
____ Both		
____ N/A		
____ Unknown		

**Academic Advisement**

____ Academic	Number of sessions academic _____	Number of hours academic _____
____ Summer	Number of sessions summer _____	Number of hours summer _____
____ Both		
____ N/A		
____ Unknown		

**College Exam Prep**

____ Academic	Number of sessions academic _____	Number of hours academic _____
____ Summer	Number of sessions summer _____	Number of hours summer _____
____ Both		
____ N/A		
____ Unknown		

**Mentoring**

____ Academic	Number of sessions academic _____	Number of hours academic _____
____ Summer	Number of sessions summer _____	Number of hours summer _____
____ Both		
____ N/A		
____ Unknown		

**Study Skills**

____ Academic	Number of sessions academic _____	Number of hours academic _____
____ Summer	Number of sessions summer _____	Number of hours summer _____
____ Both		
____ N/A		
____ Unknown		

Cultural Activities

<input type="checkbox"/> Academic	Number of sessions academic _____	Number of hours academic _____
<input type="checkbox"/> Summer	Number of sessions summer _____	Number of hours summer _____
<input type="checkbox"/> Both		
<input type="checkbox"/> N/A		
<input type="checkbox"/> Unknown		

Campus Visitation

<input type="checkbox"/> Academic	Number of sessions academic _____	Number of hours academic _____
<input type="checkbox"/> Summer	Number of sessions summer _____	Number of hours summer _____
<input type="checkbox"/> Both		
<input type="checkbox"/> N/A		
<input type="checkbox"/> Unknown		

Assistance with College Admission

<input type="checkbox"/> Academic	Number of sessions academic _____	Number of hours academic _____
<input type="checkbox"/> Summer	Number of sessions summer _____	Number of hours summer _____
<input type="checkbox"/> Both		
<input type="checkbox"/> N/A		
<input type="checkbox"/> Unknown		

Financial Aid Assistance

<input type="checkbox"/> Academic	Number of sessions academic _____	Number of hours academic _____
<input type="checkbox"/> Summer	Number of sessions summer _____	Number of hours summer _____
<input type="checkbox"/> Both		
<input type="checkbox"/> N/A		
<input type="checkbox"/> Unknown		

Workshop

<input type="checkbox"/> Academic	Number of sessions academic _____	Number of hours academic _____
<input type="checkbox"/> Summer	Number of sessions summer _____	Number of hours summer _____
<input type="checkbox"/> Both		
<input type="checkbox"/> N/A		
<input type="checkbox"/> Unknown		

Family Activity

<input type="checkbox"/> Academic	Number of sessions academic _____	Number of hours academic _____
<input type="checkbox"/> Summer	Number of sessions summer _____	Number of hours summer _____
<input type="checkbox"/> Both		
<input type="checkbox"/> N/A		
<input type="checkbox"/> Unknown		

Community Service

<input type="checkbox"/> Academic	Number of sessions academic _____	Number of hours academic _____
<input type="checkbox"/> Summer	Number of sessions summer _____	Number of hours summer _____
<input type="checkbox"/> Both		
<input type="checkbox"/> N/A		

\_\_\_\_ Unknown

**Activity with Role Models**

\_\_\_\_ Academic      Number of sessions academic \_\_\_\_      Number of hours academic \_\_\_\_  
\_\_\_\_ Summer      Number of sessions summer \_\_\_\_      Number of hours summer \_\_\_\_  
\_\_\_\_ Both  
\_\_\_\_ N/A  
\_\_\_\_ Unknown

**Field Trip**

\_\_\_\_ Academic      Number of sessions academic \_\_\_\_      Number of hours academic \_\_\_\_  
\_\_\_\_ Summer      Number of sessions summer \_\_\_\_      Number of hours summer \_\_\_\_  
\_\_\_\_ Both  
\_\_\_\_ N/A  
\_\_\_\_ Unknown

**Internship**

\_\_\_\_ Academic      Number of sessions academic \_\_\_\_      Number of hours academic \_\_\_\_  
\_\_\_\_ Summer      Number of sessions summer \_\_\_\_      Number of hours summer \_\_\_\_  
\_\_\_\_ Both  
\_\_\_\_ N/A  
\_\_\_\_ Unknown

Completed Program      \_\_\_\_ Yes      No \_\_\_\_

**ASPIRA Clubs**

**Club Officer Positions**

\_\_\_\_ President  
\_\_\_\_ Vice President  
\_\_\_\_ Treasurer  
\_\_\_\_ Secretary

**Completed the Areyto Ceremony**

\_\_\_\_ Yes  
\_\_\_\_ No

**Truancy**

**School suspension**

\_\_\_\_ In school suspension  
\_\_\_\_ Out of school Suspension

Number of school absences \_\_\_\_\_ Pull down (1-50)