

School District 43
INTAKE QUESTIONNAIRE FOR CABE

A. PERSONAL INFORMATION

NAME: _____
(First Name) (Middle Names) (Last Name)

Age: _____ Date of Birth: _____ Last Grade Completed: _____ Phone: _____

Address: _____ Postal Code: _____

Student Email Address: _____ Parent/Guardian Email Address: _____

B. FAMILY BACKGROUND

Mother/Guardian: _____ Home Phone: _____

Address: _____ Cell or Work Phone: _____

Father/Guardian: _____ Home Phone: _____

Address: _____ Cell or Work Phone: _____

Siblings:	Name	Brother/Sister	Age
_____	_____	_____	_____
_____	_____	_____	_____

Describe your current living situation (eg. who you live with, parents/relatives/friends/foster home, on your own, etc.):

C. SCHOOL BACKGROUND

Last school attended: _____ When: _____

Are you in school now? _____ If no, reason for leaving: _____

Who can we contact at your last school for information? _____

D. REASON FOR REFERRAL TO CABE

What are the reasons you were referred to or are choosing alternative education?

E. HEALTH

Do you have any health issues? _____

Do you take any medications? (please list) _____

How many hours of sleep do you get a night? _____

Do you struggle with depression, anxiety or other mental wellness concerns? If yes please describe.

F. Who do you know here at CAFE? _____

Is there anyone who attends here that you are concerned about? _____

G. Do you have an IEP? (Individual Education Plan)

H. FUTURE GOALS

What job/career do you hope to have when you have completed your education?

I. INVOLVMENT WITH COMMUNITY SERVICES (This does not apply to me)

Do you have contact with the Ministry of Children and Family Development? _____

Do you have a social worker? yes no If Yes, name: _____ Phone No.: _____

Do you have a family support worker? yes no If Yes, name: _____ Phone No.: _____

What other community support agencies do you have contact with:

probation officer family counsellor drug & alcohol counsellor Other None

Names of community support agency workers:

J. ABORIGINAL SELF IDENTIFICATION

K. Are you of aboriginal ancestry? _____

L. FINAL COMMENTS

Tell us more about yourself, your education and your life plans:

Applicant's Signature

Date