



**FAST TRACK TRANSITION SERVICES INTAKE**

**Personal Information**

<b>Name:</b>	<b>(Last, First, Middle):</b>		
<b>Home Address:</b>	<b>Street:</b>		
	<b>City:</b>		
	<b>State:</b>		
	<b>Zip Code:</b>		
<b>Parent or Legal Guardian:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Parent/Legal Guardian Name:</b>
<b>Contact Information:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>E-mail Address:</b>
<b>Birth Date:</b>			<b>Social Security Number:</b>
<b>Referring Agency:</b>	IMPACT CIL		
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Reporting		
<b>Ethnicity:</b>	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		
<b>Preferred Language:</b>			
<b>Disabilities:</b>			

**Education Information**

<b>Are you currently enrolled in school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Name of School currently attending</b>		
<b>Highest Grade Level Completed:</b>	<b>Enrolled in High School: (Check current year level)</b>	<input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Other <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior
	<b>Expected Graduation:</b>	Date
	<b>Certification of Completion</b>	Date
	<b>High School Diploma or GED:</b>	Date
	<b>Post-Secondary Education (no degree or certificate)</b>	Number of Credit Hours:
<b>Education and Support Services:</b>	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> None <input type="checkbox"/> Other: If other (list): _____	

**I am a student over the age of 18 or a parent who consents to participation in Fast Track Transition.**

**Student, Parent/Legal Guardian Printed Name and Signature**

**Date**