

# Right Choices Student Information Sheet

## Student Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Home School: \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B : \_\_\_\_\_

Have you enrolled at your home school? YES ☐ NO ☐ Do you know your user name and login for your YES ☐ NO ☐  
 tablet? ☐

Do you already have your tablet? YES ☐ NO ☐

Have you been at Right Choices Program YES ☐ NO ☐  
 previously? ☐

1. ☐ I need to improve my academic skills (reading, writing, or math)
2. ☐ I do not feel a part of any particular group of people.
3. ☐ I have been diagnosed with or believe I have a learning disability.
4. ☐ I have an emotional or mental health issue.
5. ☐ I have a job to help out my family.
6. ☐ I have a job to earn my own money.
7. ☐ I'm not fluent in the English language.
8. ☐ I have someone who takes care of me at home (parent or legal guardian).
9. ☐ I feel safe in the place where I stay at night.
10. ☐ I don't read very well.
11. ☐ I have a driver's license.
12. ☐ I care for a sick or disabled family member.
13. ☐ I move frequently to different houses.
14. ☐ I get angry easily.
15. ☐ I am triggered when someone yells at me.
16. ☐ I feel disrespected easily.
17. ☐ I follow the crowd so I'm not left behind.
18. ☐ I need help controlling my anger/aggression.
19. ☐ I am an aggressive person.
20. ☐ I act out sometimes because I get angry.
21. ☐ I feel out of control with my emotions sometimes.
22. ☐ I know how to behave, but I sometimes make decisions that do not reflect that.
23. ☐ I could work on my behavior.
24. ☐ I need help with strategies to help with my behavior.
25. ☐ I want to succeed at Right Choices so I can go back to my home school

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Staff who completed enrollemtn Signature \_\_\_\_\_ Date \_\_\_\_\_