

ALTERNATIVE ACADEMY

CHECK SHEET

2023-2024

Student's Name : _____

Year Alt. Academy : _____

INTAKE PACKET COMPLETE: YES NO

PARENT SURVEY COMPLETE: YES NO

PARENT REQUEST FOR SERVICE NEEDS: YES NO

STUDENT SURVEY COMPLETE: YES NO

COUNSELING CALENDAR SIGNED: YES NO

TOPICS: DOMESTIC ABUSE/DRUG ABUSE/PREGNANCY/HOMELESS/BEHAVIOR MANAGEMENT

SPECIAL PROJECTS COMPLETED:

PAINT TANK YES NO

CULTURAL SHARE YES NO

VETERAN'S EVENT YES NO

DRUG PREVENTION

SCHOOL YES NO

DELAWARE COUNTY YES NO

ADDITIONAL PROJECTS: LIST ANY COMMUNITY OUTREACH YOU HAVE DONE ON YOUR OWN

WORK PERMIT ON FILE: YES NO

STUDENT'S SIGNATURE: _____

ALTERNATIVE ACADEMY PROGRAM /COURSE ACCOUNTABILITY

STUDENT'S NAME: _____

I-CAP COMPLETED:	YES	NO
CULTURAL PROJECTS: 5 COMPLETED	YES	NO
FINE ARTS : DANCE/ CULTURAL ART	YES	NO
PHOTOGRAPHY PROJECT COMPLETED:	YES	NO

FALL/WINTER/SPRING/SUMMER

TERM PAPER COMPLETED:	YES	NO	TOPIC: _____
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COURSES COMPLETED: List all courses you have completed and your grade assigned for that course.

LIST ON THE BACK OF THIS PAGE

GRADUATION PLANNING: RING/GOWN/ITEMS/	YES	NO
DO YOU WANT TO WALK WITH YOUR CLASS?	YES	NO
LIFE SKILLS PAPERS COMPLETED:		
GOALS STATEMENT :	YES	NO
INTERVIEW SKILLS:	YES	NO
JOB APPLICATION COMPLETED:	YES	NO
AUTOMOTIVE MAINTENANCE:	YES	NO
BANKING APPLICATION/ACCOUNT SET UP:	YES	NO
FINANCIAL PLANNING /GOALS SHEET:	YES	NO

BUDGET/IDENTIFIED BILLS (UTILITIES)

APARTMENT RENTAL APPLICATION SHEET:	YES	NO
LOAN APPLICATION COMPLETED:	YES	NO
AUTO LOAN APPLICATION COMPLETED:	YES	NO
HOSPITAL /EMERGENCY MEDICAL:	YES	NO
EDUCATION/LIFE AFTER PLANNING COMPLETED:	YES	NO
'HOW' TAXES PROCESS COMPLETED :	YES	NO
VOTER REGISTRATION PROCESS:	YES	NO

STUDENT'S SIGNATURE: _____

ALTERNATIVE ACADEMY STATEMENT OF EXPERIENCE

HOW DID YOU FEEL ATTENDING THE KANSAS ALTERNATIVE ACADEMY PROGRAM? DESCRIBE YOUR FIRST DAY AND ANY OTHER DAYS THAT CONTRIBUTE TO YOUR FEELINGS.

PLEASE LIST '3' OF YOUR PERSONAL GOALS FOR THE 2023-2024 SCHOOL YEAR:

PLEASE SHARE 'HOW' THE KANSAS ALTERNATIVE ACADEMY HAS HELPED YOU REACH YOUR GOALS:

PLEASE SHARE 'HOW' YOU HAVE DEVELOPED YOUR LEADERSHIP SKILLS WHILE IN ALT. ACADEMY:

PLEASE SHARE 'WHAT' YOU LIKED THE BEST ABOUT OUR PROGRAM:

PLEASE SHARE 'WHAT' YOU LEAST LIKED ABOUT OUR PROGRAM:

PLEASE SHARE YOUR THOUGHTS ON ANY PROJECT OR COURSE THAT MOST AFFECTED YOU:

PLEASE SHARE 'HOW' OUR PROGRAM COULD BECOME AN EXEMPLARY PROGRAM?

WHAT YOU THINK SHOULD BE ADDED FOR NEXT YEAR.

PLEASE EXPLAIN 'WHY' KANSAS ALTERNATIVE ACADEMY SHOULD CONTINUE SERVING STUDENTS FOR THE 2024-2025 SCHOOL YEAR:

ANY ADDITIONAL COMMENTS:

PARENT QUESTIONNAIRE: