

**FRESH START SELF REPORT**

**NAME:** \_\_\_\_\_ **TELEPHONE NO.:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**WHAT GOALS WOULD YOU LIKE TO WORK ON WHILE ATTENDING FRESH START?**

---

---

---

---

---

---

---

---

**WHAT ARE YOUR PLANS AFTER COMPLETING FRESH START?**

---

---

---

---

**WHAT EXTRA-CURRICULAR ACTIVITIES OR PROGRAMMES ARE YOU INVOLVED IN? (e.g. youth agencies, club, sports)**

---

---

---

**WHAT OTHER SUPPORTS DO YOU CURRENTLY HAVE IN YOUR COMMUNITY? (e.g. friends, family, case manager)**

---

---

---

**WHAT INTERFERED WITH YOU BEING ABLE TO CONTINUE IN SCHOOL? (e.g. concentration, social situation, time management)**

---

---

---

---

**WHAT WAS THE LAST SCHOOL THAT YOU ATTENDED?**

---

**WHEN DID YOU LAST ATTEND THAT SCHOOL?**

---

**TOTAL NUMBER OF CREDITS EARNED TO DATE:** \_\_\_\_\_

**LEVEL OF CREDITS: (circle)**

**ESSENTIAL**

**APPLIED**

**ACADEMIC**

**WHAT ACCOMMODATIONS HAVE BEEN MADE FOR YOU AT SCHOOL?  
(E.G. IPRC, IEP, resource time, extra time for assignments and tests)**

---

---

---

---

**WHAT ELSE WOULD YOU LIKE US TO KNOW ABOUT YOU?**

---

---

---

---

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**