CROSSROADS EVALUATION (CASE MANAGER)

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
PUBLIC ASSISTANCE DIVISION
SFN 878 (11-2014)

Clear Fields

TO BE COMPLETED BY THE CASE MANAGER

GENERAL INFORMATION

Name of Student	Name of School	
Semester ☐ Spring ☐ Fall ☐ Summer	Grade in School	Anticipated Graduation Date

PROGRAM ACTIVITY

1. Did the student remain in school throughout the semester? ☐ Yes ☐ No
   If no, does she/he plan to return to school? ☐ Yes ☐ No
2. Was the student's academic achievement satisfactory during this period? ☐ Yes ☐ No
3. Did the student complete their high school education/GED this semester? ☐ Yes ☐ No
4. Has the student completed a parenting class during this period? ☐ Yes ☐ No If yes, describe:

ATTITUDINAL ASSESSMENT

5. How would you rate the student's general attitude toward the Crossroads program?
   ☐ Very Poor ☐ Poor ☐ Neutral ☐ Good ☐ Very Good
6. How would you rate the student's motivation to complete high school/GED?
   ☐ Very Low ☐ Low ☐ Neutral ☐ High ☐ Very High
7. How would you rate the student's self-esteem at this time?
   ☐ Very Low ☐ Low ☐ Neutral ☐ High ☐ Very High
8. How would you rate the student's maturity and sense of responsibility for herself/himself and his/her child?
   ☐ Very Low ☐ Low ☐ Neutral ☐ High ☐ Very High
9. To what extent have you observed changes in the student's maturity, sense of responsibility, and general attitude about his/her situation, during this quarter?
   ☐ Much Worse ☐ Somewhat Worse ☐ No Change ☐ Somewhat Improved ☐ Much Improved

FUTURE GOALS AND PLANS

10. Has the student expressed any future goals and plans? ☐ Yes ☐ No
11. In which of the following areas has the student expressed interest?
    ☐ College ☐ Vocational School ☐ Employment
    ☐ Other (specify): _____
12. In which of the following areas has the student made plans?
    ☐ College ☐ Vocational School ☐ Employment
    ☐ Other (specify): _____

13. Which of the following have presented problems for the client?

- ☐ Difficulty obtaining transportation to and from school and daycare
- ☐ Has problems with teachers
- ☐ Has problems with other students
- ☐ Lack of support and encouragement from family
- ☐ Lacks motivation/negative attitude
- ☐ Difficulty finding a daycare provider
- ☐ Dissatisfied with the daycare provider
- ☐ Doesn't like being away from child
- ☐ Other (specify): _____

Comments

Signature of Person Completing Form	Date