



CROSSROADS SCHOOL EVALUATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 882 (8-2023)

GENERAL INFORMATION

Name of Student	Name of School	
Semester <input type="checkbox"/> Spring <input type="checkbox"/> Fall	Grade in School	Anticipated Graduation Date

SCHOOL EVALUATION

Was the student's academic achievement satisfactory during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How would you rate the student's motivation to complete high school/GED? <input type="checkbox"/> Very Low <input type="checkbox"/> Low <input type="checkbox"/> Neutral <input type="checkbox"/> High <input type="checkbox"/> Very High	
How would you rate the student's maturity and sense of responsibility for herself/himself and his/her child? <input type="checkbox"/> Very Low <input type="checkbox"/> Low <input type="checkbox"/> Neutral <input type="checkbox"/> High <input type="checkbox"/> Very High	
Comments	
Signature of School Representative	Date

CROSSROADS CASE MANAGER EVALUATION

Was the student's academic achievement satisfactory during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No
How would you rate the student's maturity and sense of responsibility for herself/himself and his/her child? <input type="checkbox"/> Very Low <input type="checkbox"/> Low <input type="checkbox"/> Neutral <input type="checkbox"/> High <input type="checkbox"/> Very High
Did the student complete their high school education/GED this semester? <input type="checkbox"/> Yes <input type="checkbox"/> No

FUTURE GOALS AND PLANS

Has the student expressed any future goals and plans? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In which of the following areas has the student expressed interest? <input type="checkbox"/> College <input type="checkbox"/> Vocational School <input type="checkbox"/> Employment <input type="checkbox"/> Training <input type="checkbox"/> Other (specify): _____	
In which of the following areas has the student made plans? <input type="checkbox"/> College <input type="checkbox"/> Vocational School <input type="checkbox"/> Employment <input type="checkbox"/> Training <input type="checkbox"/> Other (specify): _____	
Comments	
Signature of Case Manager	Date