## **Incarcerated Youths in County-Operated Detention Centers**

## Form A

| NAME:  |    |
|--|----|
| ADDRESS:   |    |
| LAST SCHOOL ATTENDED:  |    |
| SCHOOL DISTRICT:   |    |
| WHEN DID YOU ATTEND:   |    |
| 1. Were you enrolled in school before you were arrested?YesNo  |    |
| 2. Were you receiving special education or related services, or were you eligible for modifications in your school program before you were arrested?Yes  | No |
| 3. If you are over 18 do you wish to obtain educational services?Yes   | No |
| If you marked no to Question #3, please explain why you do not wish educational services.  |    |
|  |    |
| Detainee Jailer  |    |
| NOTICE: In compliance with an agreement with the U.S. Department of Education, Office for Civil Rights, this form must be completed and forwarded to the local educational agency serving the jurisdiction where this detention center is located. |    |

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