

Instruction

Exhibit – Programs for Migrant Students – Family Interview Form

To be completed by Building Principal or designee: (please print)

_____	_____	_____	_____
Child 1 Name	Birth Date	Grade	School Dist / Bldg
_____	_____	_____	_____
Child 2 Name	Birth Date	Grade	School Dist / Bldg
_____	_____	_____	_____
Child 3 Name	Birth Date	Grade	School Dist / Bldg
_____		_____	
Name of Parent/Guardian		Language(s)	
_____		_____	
Telephone Number or other contact information		Today's Date	

Needs Assessment *Please circle or check response*

1. Do any of your children have health problems that interfere with their ability to learn? YES NO Explain:

2. In what areas might your child(ren) need additional help in school?

	Reading	Math	Language	Other (Specify)
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Are your child(ren)'s immunization up to date? YES NO Don't know

4. Do you have immunization records? YES NO Don't know

5. Have you established a source of primary healthcare? YES NO

Resources and Referrals

1. Would you be interested in information on: *(please circle)*
- | | | | |
|---------------------|-----|----|------------------|
| Head Start | YES | NO | Already Enrolled |
| District Preschool | YES | NO | Already Enrolled |
| Parents as Teachers | YES | NO | Already Enrolled |
| GED/ESL Classes | YES | NO | Already Enrolled |
2. Would you be interested in information on:
- | | | | |
|-----------------------------|-----|----|---------------------|
| Public/County Health Dept. | YES | NO | |
| Division of Family Services | YES | NO | Welcome Pack Given? |
3. May we share your name and address with these agencies? YES NO
4. When is the best time to reach you at home? AM PM Days of the week:
__:_ __:_ Mo Tu We Th Fr

Name of Person Completing Form

Name of Person Being Interviewed and His/Her Relationship to Family/Children