

PROGRAMS FOR MIGRANT STUDENTS
(Family Interview Form)

Child(ren)'s Name(s):		School District: _____			
Last: _____	First: _____	Age: _____	Grade: _____	Building: _____	
Last: _____	First: _____	Age: _____	Grade: _____	Building: _____	
Last: _____	First: _____	Age: _____	Grade: _____	Building: _____	
Name of Parent or Guardian		Language(s) _____			
Address _____		Name of Migrant Recruiter _____			
Phone Number _____		Date _____			

Needs Assessment

1. Do any of your children have health problems that interfere with their ability to learn? Y N Please explain.
2. In what areas might your child(ren) need additional help in school?

Child: _____ Reading ___ Math ___ Language ___ Other _____
 Child: _____ Reading ___ Math ___ Language ___ Other _____
 Child: _____ Reading ___ Math ___ Language ___ Other _____

Resources & Referrals

3. Would you be interested in information on:

a. Head Start	Y	N	Already Enrolled
b. District Preschool	Y	N	Already Enrolled
c. Parents as Teachers	Y	N	Already Enrolled
d. GED/ESL Classes	Y	N	Already Enrolled
e. Immigration Lawyer	Y	N	Already Enrolled
4. Are your children's immunizations up to date? Y N Don't know
 Do you have immunization records? Y N Don't Know
5. Have you established a source of primary family health care? Y N
6. Would you be interested in some information on:

a. Public/County Health Department	Y	N
b. Children's Division	Y	N
7. May we share your name and address with these agencies? Y N

Follow-Up

Information Given	Name Referred
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Welcome Pack Given? _____

FILE: IGBCB-AF
Critical

8. When is the best time to reach you at home? _____

9. Verify: Has family made a qualifying move since last qualifying arrival date? _____

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 03/10/2003

Last Revised: 08/23/2004

Clinton School District #124, Clinton, Missouri