

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

	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 immunizations 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      |

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Name of Person Completing Form

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

Reviewed: February 27, 2006  
 Adopted: May 15, 2006  
 Revisions Adopted: September 15, 2008