

142.1 Programs for Migrant Students – Family Interview Form

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

Child Name Birth Date Grade School

Name of Parent/Guardian Language(s)

Telephone Number or other Contact Information Today's Date

Needs Assessment

Please Check Response

1. Do any of your children have health problems that interfere with their ability to learn? Explain. Yes No

2. In what areas might your child(ren) need additional help in school? Reading Math Language Other (specify) Child 1 Child 2 Child 3

3. Are your child(rens)' immunizations up to date? Yes No Don't know
4. Do you have immunization records? Yes No Don't know
5. Have your established a source of primary healthcare? Yes No Don't know
If not, would you be interested in information on primary healthcare? Yes No Don't know

Resources and Referrals

Please Check Response

1. Would you be interested in information on: Public/County Health Dept. Division of Family Services Yes No
2. May we share your name and address with these agencies? Yes No
3. When is the best time to reach you at home? AM PM Days of the week: Monday Tuesday Wednesday Thursday Friday

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