6141.312
Form

Programs for Migrant Students - Family Interview Form

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

Child 1 Name	Birth Date	Grade	School
Child 2 Name	Birth Date	Grade	School
Child 3 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 you 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 circle/check response

1. Would you be interested in information on:

Head Start	☐ Yes	☐ No	☐ Enrolled
District Preschool	☐ Yes	☐ No	☐ Enrolled
Parents as Teachers	☐ Yes	☐ No	☐ Enrolled
GED/ESL Classes	☐ Yes	☐ No	☐ Enrolled

2. Would you be interested in information on:

Public/County Health Dept.	☐ Yes	☐ No
Division of Family Services	☐ Yes	☐ No

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:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

_____ _____

Name of Person Completing Form

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