

ADMINISTRATIVE REGULATION

APPROVED: September 13, 2016

REVISED:

CENTENNIAL SCHOOL DISTRICT

142-AR-0. MIGRANT STUDENTS – FAMILY INTERVIEW FORM

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

Name of Student	Birth Date	Grade	School
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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

1. Do any of your children have health problems that may interfere with their ability to learn? Yes No
If yes, 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"/>	<input type="checkbox"/> _____
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Child 3	<input type="checkbox"/>	<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 Don't know
If no, would you be interested in information on Primary healthcare? Yes No Don't know

Resources and Referrals

1. Would you be interested in information on:

Public/County Health Dept.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Division of Family Services	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?

<input type="checkbox"/> AM	<input type="checkbox"/> PM		
Days of the week:			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday

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