

**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

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

**Follow-Up**

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

Welcome Pack Given? \_\_\_\_\_

FILE: IGBCB-AF  
Critical

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

\* \* \* \* \*

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

Implemented: January 16, 2008

Revised:

Boonville R-I School District, Boonville, Missouri