

STAFFORD PUBLIC SCHOOLS

Stafford, Connecticut

Programs for Migrant Students - Family Interview Form

To be completed by Building Principal/School Nurse/School Social Worker

(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 Yes No

that interfere with their ability to learn? Explain:

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