



## Minnesota Migrant Education Program Family Needs Assessment and Student Profile

*Directions: Please complete the information below for each child in the family interviewed. Then mark the boxes that the parent/student identified as needed based on your interview with them.*

Student Name	Date of Birth	Age
Home-base School	Last Grade Completed	
Minnesota Address	Out-of-School Youth?	
Best Student/Parent Phone	Okay to text?	Preferred Language
Student/Parent Email	Best way to inform you	

### 1. What Supplementary INSTRUCTIONAL SERVICES are needed most? (Check all that apply.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Reading                        | <input type="checkbox"/> Study Skills               | <input type="checkbox"/> Out-State-Assessment Tutoring |
| <input type="checkbox"/> Mathematics                    | <input type="checkbox"/> Preparing for Kindergarten | <input type="checkbox"/> Making up Credits             |
| <input type="checkbox"/> Learning English               | <input type="checkbox"/> Acceleration Courses       | <input type="checkbox"/> GED Preparation               |
| <input type="checkbox"/> Writing Instruction            | <input type="checkbox"/> Leadership Opportunities   | <input type="checkbox"/> Tutoring                      |
| <input type="checkbox"/> ACT/SAT Preparation            |   |  |
| <input type="checkbox"/> College and Career Exploration | <input type="checkbox"/> Other:                     |  |

### 2. What Supplementary SUPPORT SERVICES are needed most? (Check all that apply.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> School Supplies                    | <input type="checkbox"/> Dental Care         | <input type="checkbox"/> Translation/Interpretation   |
| <input type="checkbox"/> Food Assistance                    | <input type="checkbox"/> Vision (Glasses)    | <input type="checkbox"/> Locating Community Resources |
| <input type="checkbox"/> Transportation                     | <input type="checkbox"/> Medical/Health Care | <input type="checkbox"/> Vaccinations                 |
| <input type="checkbox"/> McKinney-Vento Homeless Assistance | <input type="checkbox"/> Legal Aid Resources | <input type="checkbox"/> Pick-up Point for Free Meals |
|   | Mental Health                                | Social Services                                       |
| <b>Device for online learning:</b>                          | Navigating Systems                           | Mentoring   |
| <input type="checkbox"/> Computer or Tablet                 | <input type="checkbox"/> COVID-19 Resources  | Child Care  |
| <input type="checkbox"/> Internet Connection                | Other:                                       |   |

### 3. Parent involvement: What would help you support your child's education? (Check all that apply.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Learning English      | <input type="checkbox"/> Increasing family literacy      | <input type="checkbox"/> College Information        |
| <input type="checkbox"/> Helping with homework | <input type="checkbox"/> Identifying community resources | <input type="checkbox"/> Worker's Right Information |
| <input type="checkbox"/> Using computers       | Earning High School Diploma/GED                          | Other:  |

### 4. Your Child: Which of the following apply to your child? (Check all that apply and explain in comments section.)

- |                    |                     |   |
|--------------------|---------------------|---|
| Wears eyeglasses   | Has a food allergy  | Has an IEP (Special Education services; ex. speech, behavior) |
| Wears hearing aids | Takes medications   | Receives English language services                            |
|                    | Has a Medical Alert | Receives Gifted/Talented services                             |
|                    |                     | Other:  |

**Comments:**

Completed by

Date

Contact Email

Contact Phone