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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NEEDS ASSESSMENT | | | | | | | | | | |
| PERSONAL INFORMATION | | | | | | | | | | |
| Child/Youth’s Name: | | | | QAD: | | | | EOE: | | |
| DOB: | | | | Gender:  Male  Female  Non-binary | | | | | | |
| MSD: | | | | MSIX: | | | | SSID: | | |
| Current Address:  Temporary Address | | | | City: | | | | Current Address Phone: | | |
| District: | | | | School: | | | | Grade: | | |
| INDICATORS/STATUSES (for all grades) | | | | | | | | | | |
| PFS:  Yes  No | | Academic Risk:  Yes  No | | | | Special Education/IEP:  Yes  No | | | | 504 Plan:  Yes  No |
| ADULT EDUCATION (currently enrolled in grades NA, AD) | | | | | | | | | | |
| Dropped Out?  Yes  No | Enrolled in:  Adult Education  GED  HEP  Other | | | | | | | | | |
| Comments: | | | | | | | | | | |
| OUT OF SCHOOL YOUTH (currently enrolled in grades NA, AD) | | | | | | | | | | |
| Married/Partner:  Yes  No | | Children:  Yes  No | | | | Last grade  attended: | | Where: | | |
| English Proficiency  Speaking  High  Medium  Low  None  Reading  High  Medium  Low  None  Writing  High  Medium  Low  None | | | | | | Preferred Language:  Spanish  English  Other | | | | Youth is:  Here-to-work  Contracted  Credit Recovery |
| Access to transportation:  Yes  No Type: | | | | | | | | | | |
| Type of Housing – Youth lives in:  Farmworker housing  Transitional/Homeless  Hotel/Motel  House/Apartment | | | Youth lives with (mark all that apply):  With a crew  With friends outside of work  With parents/relatives  With spouse/children  Unspecified/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Interested in:\*  English (ELA, ESL, ELD)  GED/HEP  Home language literacy  Job training/CTE  Other:  None | | | | | | | At interview, youth received:  Educational materials  Referral/Community Resources  Health kit  Other: | | | |
| Availability:  Days  Evenings  Saturday  Sunday  Other: | | | | | | | | | | |
| Emergency Contact: | | | | | Relationship: | | | | Phone: | |

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| HEALTH INFORMATION (Do not add specific health information) |
| Health Insurance:  Yes  No  Medi-Cal  Health Concerns:  Yes  No  Currently in treatment |
| Health Needs\*:  Medical  Dental  Vision  Mental Health  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None |
| Emergency Services:  Food  Housing  Clothing  Other |

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| --- | --- | --- | --- | --- | --- |
| LEARNING PLAN | | | | | |
| Recommended Instructional Services | | | Recommended Support Services | | |
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| Non-MEP Services | | | | | |
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| Goals | | | | | |
|  | | | | | |
| INTERVIEWEE | | | | | |
| First Name: | Last Name: | | | Relation to child: | Date: |
| CREATED BY | | | | | |
| Created by (print name): | | Signature: | | | Date: |
| Comments: | | | | | |

Acronyms used in this form:

QAD: Qualified Arrival Date

EOE: End of Eligibility

DOB: Date of Birth

MSD: Migrant Student Identification

MSIX: Migrant Student Information Exchange Identification

SSID: State Student Identification

PFS: Priority for Service

IEP: Individual Education Plan