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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 ProficiencySpeaking [ ]  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-CalHealth 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 |
|  |  |
|  |  |
|  |  |
|  |  |
| Non-MEP Services |
|  |  |
|  |  |
|  |  |
| 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