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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: |
| Parent/Guardian 1: | Relationship: | Phone 1: |
| Parent/Guardian 2: | Relationship: | Phone 2: |
| INDICATORS/STATUSES (for all grades) |
| PFS[ ]  Yes [ ]  No  | Academic Risk[ ]  Yes [ ]  No  | Special Education/IEP[ ]  Yes [ ]  No  | 504 Plan[ ]  Yes [ ]  No  |
| PRESCHOOL (CURRENTLY ENROLLED IN GRADES P3–P5) | Comments |
| Enrolled in a non-MEP preschool?[ ]  Yes [ ]  No Where?  |  |
| 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