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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-Cal  Health Concerns:  Yes  No  Currently in treatment | | | | | | |
| Health Needs\*:  Medical  Dental  Vision  Mental Health  Other \_\_\_\_\_\_\_\_\_\_\_\_\_  None | | | | | | |
| Emergency Services:  Food  Housing  Clothing  Other | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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