**Parent/Guardian Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Please list ALL children (birth through 21 years of age) in your care.** | | | | | |
| **Name** | **Grade** | **Age** | **Date of Birth** | **Current or Last School Attended** | **Student ID Number (if applicable)** |
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| **How can we best support you and your child/children?** | | |
| **Enrollment Documentation**  (What types of documents do you have available for school enrollment?)  Birth certificate  Immunizations  Transcripts  Proof of residency  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Health Information**  (What types of health assistance would be helpful to you and your child/children?)  Medicaid/PEMOSA  Medical  Dental  Vision  Mental Health/Behavioral Health  Reproductive health/pregnancy  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Basic Needs**  (In what areas would you like assistance for you and your child/children?)  School supplies  Hygiene products  Clothing/Uniform/PE shoes  Food/Afterschool/weekend meals  Child care  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Housing/ Utilities**  (Is assistance needed in any of these areas?)  Emergency Shelter/Safety  Housing  Furniture  Utilities  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Transportation**  (Is assistance needed in any of these areas?)  School bus  Bus fares  Reimbursement for gas  ☐Train  ☐Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Legal**  (Is legal assistance needed?)  Guardianship  Emancipation  Orders of Protection  Custody/Child Support  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **How can we best support you and your child/children? *(continued)*** | |
| Preschool/Headstart/Early Start | ☐Place to study |
| Special Education/Expedited Evaluations | ☐Out-of-School Time Programs (before/after school), mentoring, or summer programs |
| Migrant Education Program | ☐Tutoring, supplemental instruction, and other educational services |
| Indian Education Program | ☐Credit Recovery |
| Bilingual program/Limited English Proficiency | ☐Advanced placement |
| Assistance with GED Testing | ☐Vocational/technical |
| Assistance with SAT/ACT Testing | ☐Class projects or field trips |
| Support with High School Graduation | ☐Life skills development (budgeting, personal safety, cooking, personal grooming, social skills, time management, organization, household management, grooming, etc.) |
| Support for Higher Education, FAFSA, Independent Status, Scholarships | ☐Place to study |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Student Action Plan – (Enter Student’s Name) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| What does the student need? | What strategy will we use to assist in meeting that need? | Who is responsible for the strategy? | Are any supports needed to complete the strategy? | When will it be done? |
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*\*Duplicate page as needed for additional students.*

**Meeting Attendees**

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Printed Name Signature Role Date

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Printed Name Signature Role Date

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