**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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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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**For Office Use Only:**  [ ] Referral for Free Meals [ ] Entered in database/STARS (even if services not accepted)