**Parent/Guardian Contact Information**

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

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

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

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

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ok to text? **O Yes O No**

**Is this the school of origin?**

O Yes O No O Don’t Know

**2. Was this student identified as experiencing homelessness in their previous LEA?**

O Yes O No O Don’t Know

**3. Current Grade Level:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| O Below PreK | O 1st | O 4th | O 7th | O 10th |
| O PreK | O 2nd | O 5th | O 8th | O 11th |
| O Kindergarten | O 3rd | O 6th | O 9th | O 12th |

**3. Birthplace:**

|  |  |  |
| --- | --- | --- |
| O In State | O Other US | O Out of US |

**4. Which of the following best describes you?**

O Heterosexual (straight)

O Gay or lesbian

O Bisexual

O I describe my sexual identity some other way

O I am not sure about my sexual identity (questioning)

O I do not know what this question is asking

O N/A

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

**5. Primary Language:**

|  |  |
| --- | --- |
| O Spanish | O Other:  |

**Present Living Situation:**

|  |  |  |  |
| --- | --- | --- | --- |
| O Shelter (Domestic Violence, Family, Runaway/Youth) | O Utilities cut off  | O Transitional Housing |   |
| O Doubled Up | O Car/Camping | O Motel/Hotel | O Other |
| O Don’t Know |  |  |  |

**21. Present family situation:**

|  |  |  |
| --- | --- | --- |
| O with 1 parent | O with spouse | O alone, student is an adult |
| O with 2 parents | O with other adult(s) | O with peer(s) |
| O with 1 parent & & another adult | O alone, in a supervised facility | O don’t know |
| O with adult relative(s) | O alone, minor with no adult supervision |  |

**22. Number of schools previously attended this school year (2, USDE):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| O 0 | O 1 | O 2 | O 3 | O 4 | O 5 or more | O don’t know |

**23. Please list the schools, including the city and state, previously attended this year:**

 **26. Lapse in school attendance (time between last school attended and present enrollment): (1, USDE**)

|  |  |  |
| --- | --- | --- |
| O 0 days of school | O 4-14 days of schools | O +31 days of school |
| O 1-3 days of schools | O 15-30 days of school | O Don’t Know |

|  |
| --- |
| **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 need 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/or children?)[ ] School supplies [ ] Hygiene products [ ] Clothing/Uniform/PE shoes[ ] Food/Afterschool/weekend meals[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Housing/ Utilities**(Is assistance needed with housing?)[ ] Emergency Shelter/Safety[ ] Housing[ ] Furniture[ ] Utilities[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Transportation**(Is assistance needed for transportation?)[ ] School bus[ ] Bus fares [ ] Reimbursement for gas☐Train☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Legal**(Is legal assistance needed?)[ ] Guardianship[ ] Emancipation[ ] Orders of Protection[ ] Custody/Child Support[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Early Childhood Services** [ ] Childcare[ ] Family Infant Toddler (FIT) Program☐Families FIRST Program[ ] Home Visiting [ ] Early Childhood Special Education[ ] Head Start/Early Start☐ Other:  | **Educational Supports:**☐Place to study☐Out-of-School Time Programs (before/after)☐Mentoring ☐Summer programs☐Tutoring/supplemental instruction ☐Credit Recovery☐Advanced placement☐CTE/vocational/technical☐Class projects or field trips ☐Assistance with GED Testing [ ]  Assistance with SAT/ACT Testing[ ] Extracurricular Activities ☐ Other:  | **Life Skills Development**[ ] Budgeting[ ] Personal safety[ ] Cooking[ ] Personal grooming[ ] Social skills[ ] Time management/organization[ ] Household management ☐ Other: |
| **Special Education (IDEA)**[ ] Expedited Evaluations [ ] Gifted and Talented [ ] Section 504 Accommodation Plan☐ Other: | **Limited English Proficiency**[ ] What is the primary home language (PHL) spoken? [ ] Is student enrolled and/or participating in an Indigenous language class offered by previous schools?☐ Other: | **Programming for Native American Students**[ ]  Attending school on NM Indian Lands?BIE or Tribally controlled school, other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Migrant Education Program**[ ] Was this student identified as a migrant student in their previous LEA?☐ Other: | **Support with High School Graduation**[ ] Cap and gown[ ] Letter of Independent Status[ ] Assistance with completing FASFA[ ]  Assistance with locating/completing scholarship applications ☐ 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**

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

 Printed Name Signature Role Date

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

 Printed Name Signature Role Date

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

 Printed Name Signature Role Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Homeless Liasion\_\_ \_\_\_\_\_\_\_\_\_

 Printed Name Signature Role Date

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