PRELIMINARY FAMILY NEEDS CHECKLIST

Preliminary Family Needs Checklist

TEXAS MIGRANT EDUCATION PROGRAM

Female Parent: _____ **Family ID#:** _____ **School District:** _____

Completed By: _____ **Date Completed:** _____ **MEP Staff Assigned to Follow Up:** _____

QUESTION: Are there any family members, age 21 or younger, who have not graduated from high school and who are experiencing problems in school or have dropped out?

FAMILY RESPONSE Gather and record relevant information below.	**POSSIBLE NEEDS FOR INSTRUCTIONAL SERVICES**	**POSSIBLE NEEDS FOR SUPPORT SERVICES**	**FOLLOW UP**
Family Member: Current Issue(s) and Past Efforts to Address:	Concerns related to: ___Early childhood development/programs ___Failed most recent STAAR ___Failing grades ___Attendance ___Experiencing social problems ___Risk of being retained ___Risk of not graduating on time ___Dropping out ___Needs High School Equivalency ___Other _____ ___Family reports member is NOT experiencing difficulties.	Concerns related to: ___Health/nutrition ___Dental ___Vision ___Counseling ___Delinquency, drug- or gang-related activity ___Clothing ___Housing ___Illiteracy ___Other _____ ___Family reports member is NOT experiencing difficulties.	
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