



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF QUALITY SCHOOLS – MIGRANT EDUCATION

FAMILY INTERVIEW FORM

LOCAL EDUCATIONAL AGENCY (LEA) INFORMATION

LEA NAME	COUNTY-DISTRICT CODE
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MIGRANT RECRUITER INFORMATION

RECRUITER NAME	DATE OF INTERVIEW
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DIRECTIONS

This form is only to be completed by Migrant Recruiters. After the Migrant Recruiter fills out the Certificate of Eligibility, complete this Family Interview Form. Mail the entire form to: Missouri Department of Elementary and Secondary Education, Migrant Education, PO Box 480, Jefferson City, MO 65102-0480; Definitions: **Chronic** – Marked by a long duration or frequent recurrence; not acute; always present or encountered; constantly vexing, weakening or troubling. **Acute** – Characterized by sharpness or severity; having a sudden onset, sharp rise, and short course; being, providing or requiring short term medical care.

Questions, contact: (573)526-6989; Fax: (573)526-6698; or email to: Diane.Herx@dese.mo.gov; Visit the Department's website at: <http://dese.mo.gov/quality-schools/migrant-education-ell-immigrant-refugee>.

SECTION I - STUDENT IDENTIFICATION

STUDENT LAST NAME	STUDENT FIRST NAME	AGE	GRADE	LEA BUILDING CODE
STUDENT LAST NAME	STUDENT FIRST NAME	AGE	GRADE	LEA BUILDING CODE
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STUDENT LAST NAME	STUDENT FIRST NAME	AGE	GRADE	LEA BUILDING CODE
STUDENT LAST NAME	STUDENT FIRST NAME	AGE	GRADE	LEA BUILDING CODE

SECTION II - PARENT IDENTIFICATION

FULL NAME OF PARENT/GUARDIAN	ADDRESS, CITY, STATE, ZIP	PHONE
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SECTION III - LANGUAGE – INDICATE PRIMARY LANGUAGE SPOKEN IN THE HOME – PLACE "X" BY ALL THAT APPLY

ENGLISH	SPANISH	BILINGUAL	OTHER
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SECTION IV - NEEDS ASSESSMENT

Do any of your children have health problems which interfere with their ability to learn? Yes No

Are they chronic or acute? (check only one) Chronic Acute

List child(ren) name(s) and problem(s):

In what areas might your child(ren) need additional help in school?

CHILD'S NAME	READING	MATH	LANGUAGE	OTHER

SECTION V - RESOURCES AND REFERRALS – PLACE "X" IN ALL THAT APPLY

Would you be interested in some information on:

Head Start	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Already Enrolled <input type="checkbox"/>
District Preschool	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Already Enrolled <input type="checkbox"/>
Parents As Teachers (PAT)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Already Enrolled <input type="checkbox"/>
HSE/ESL Classes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Already Enrolled <input type="checkbox"/>
Immigration Lawyer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Are your children's immunization records up-to-date? Yes No Do you have a copy? Yes No

Have you established a source of primary health care for your family? Yes No Don't know

Would you be interested in some information on the Public/County Health Department? Yes No

Would you be interested in some information on the Division of Family Services? Yes No

May we share your name and address with agencies in which you have indicated interest? Yes No

When is the best time to reach you?

SECTION VI - FOLLOW UP

Information Given
Name Referred to Agency
Welcome Packet Given
Additional Notes

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.