

INSERT DISTRICT LOGO

Individual Student Needs Assessment Form
Preschool and School Age Children and Youth Living in Homeless Situations
(Needs determination, assessment, evaluation and reporting)

This form has been prepared for use by districts in recording information regarding students identified as Homeless Children and Youth. The form has been developed for use by school districts. It can be used for a variety of purposes, including obtaining a cumulative count of the number of identified homeless children and youths; obtaining counts by grade level, ages, ethnic background, and other characteristics; maintaining and transferring information regarding individual homeless children and youths; determining individual educational and personal needs; determining educational and personal needs that are not being met by existing school and community programs and services; and developing summary reports of demographic data, characteristics, and needs of homeless children and youths.

Since the form is prepared for use by schools, Districts that choose to use this form can modify it to meet their objectives. The McKinney-Vento Homeless Assistance Improvement Act, as amended by Every Student Succeeds Act (ESSA), requires school districts to collect and report information regarding Homeless Children and Youth. Information to be collected and reported is specified by the U.S. Department of Education (USDE) and may be changed as the USDE receives input from states and localities. Therefore, the items on this form may be modified or added to conform to USDE requirements. Currently this form will satisfy all existing state and federal requirements.

This form DOES NOT have to be submitted to the North Dakota Department of Public Instruction (NDDPI). It is to assist with homeless children and youth determination, assessment, evaluation and reporting.

NOTE: Please complete a separate form for each child/youth identified as homeless.

Section One

New Student: *Complete at the time of enrollment.*

Student is Currently Enrolled: *Complete when identified.*

Student Not in School: *Complete after follow up verifies homelessness. (Identifying homeless children/youth not in school is required by the McKinney-Vento Homeless Assistance Act).*

If information for an item is not available, complete at a later date when the information becomes available. Leave the item unanswered when the information is not available.

School District: _____ **District Number:** _____

Building Name: _____ **Building Number:** _____

1. First four letters of student's last name: _____ (This facilitates reporting and enables screening out duplications when obtaining "counts", while protecting privacy rights.)

2. Date of birth (Use numbers): Month ____ Day ____ Year ____

3. Age: _____

4. Male: ____ Female ____

5. School program (Check the answer that applies):

a. Enrolled in school (K-12) _____ Grade: _____

b. Enrolled in preschool _____

c. Enrolled in head start _____

d. Enrolled in even start _____

e. Other preschool _____ Specify: _____

f. Not enrolled in school _____ Specify: _____

6. If the student is new to your school, record the date of enrollment in your school (Use numbers):
Month ____ Day ____ Year ____

7. Complete this item if the student is new to your school and lives in a different attendance area within your district or in a different school district?

Specify the attendance area or the school district: _____

a. attends a special education class in our school _____

b. attends a program offered in our school _____ Specify the program _____

c. participates in a support service offered in our school _____ Specify the service: _____

d. attends an alternative program offered in our school _____ Specify the program: _____

e. attends this school at the request of the parent/guardian _____

f. attends this school because it was determined to be in the best interests of this student _____

INSERT DISTRICT LOGO

8. If the student has been attending your school, record the date the student was identified as being homeless (Use numbers): Month ____ Day ____ Year ____
9. Is this student continuing attendance in your school after moving to another attendance area within your district? Yes ____ No ____
10. Is this student continuing attendance in your school after moving to another school district? Yes ____ No ____
11. If the response to one of the items 7, 9, or 10 is yes, check the most frequently used mode of transportation:
- a. additional or extended bus routes ____
 - b. public transportation ____
 - c. taxis ____
 - d. contracted transportation services ____
 - e. special education buses ____
 - f. non-school agency transportation ____
 - g. personal vehicles ____
 - h. reimbursing families for mileage ____
 - i. none ____
 - j. Other ____ Specify: _____
12. If the response to one of the items 7, 9, or 10 is yes and if an extra cost for transportation is incurred, estimate the school transportation cost per day: _____
13. If you responded to item 12, estimate the total cost of school transportation for this student (cost per day times total number of days transported): _____
14. If the student is not enrolled in school, record the date the student was identified as being homeless (Use numbers): Month ____ Day ____ Year ____
15. If available, record the date the homeless situation ended: Month ____ Day ____ Year ____
16. If the student left your school while still homeless, record the discharge date:
Month ____ Day ____ Year ____
17. Race (Check only one, if multiracial check the race the student is most likely to be identified with):
- a. White ____
 - b. African-American ____
 - c. Hispanic ____
 - d. Native American ____
 - e. Asian ____
 - f. Other ____ Specify: _____
18. Student status with respect to **living/not living with parent/guardian** (Check only one):
- a. Unaccompanied (not with parent) ____
 - b. Accompanied by mother only ____
 - c. Accompanied by father only ____
 - d. Accompanied by both parents ____
 - e. Accompanied by mother and friend ____
 - f. Accompanied by father and friend ____
 - g. Other ____ Specify: _____
19. Current **living situation of parent/guardian** if the student is living with parent/guardian (Check only one):
- a. Emergency shelter ____
 - b. Transitional housing ____
 - c. Domestic violence center ____
 - d. Car, camper, abandoned building ____
 - e. On the street ____
 - f. Relatives ____

INSERT DISTRICT LOGO

g. Friend or acquaintance _____ h. Unknown _____

i. Other _____ Specify: _____

20. Current **living situation of student** if not living with parent/guardian (Check only one, specify if possible):

a. Emergency shelter _____ If yes, facility name _____

b. Transitional housing _____ If yes, facility name _____

c. Domestic violence center _____

d. Car, camper, abandoned building _____

e. On the street _____

f. Hotel/motel _____

g. Living with relation other than parent/guardian _____

h. Living with friend or acquaintance _____

i. Unknown _____

j. Other _____ Specify _____

k. Shelter Care-court placed _____ If yes, facility name: _____

l. Temporary placement in foster care due to lack of shelter care space _____

m. Homes for unwed mothers or pregnant youth _____

n. Hospital or other facility if abandoned by parent(s) _____

o. Other _____ Specify: _____

21. Is the student also identified as a migrant? Yes _____ No _____

22. If the student is living with parent/guardian how many children, including this student, are in this homeless family: _____ **(Complete a separate copy of this Form for each student attending your school and for each student not attending school.)**

23. Complete the following for students (between 0 and 21) in this family who **attend a school outside your attendance area** (This will assist in identifying a student who has not been identified as homeless by the school the child/youth is attending):

a. Age _____ Sex _____ School name _____

b. Age _____ Sex _____ School name _____

c. Age _____ Sex _____ School name _____

d. Age _____ Sex _____ School name _____

INSERT DISTRICT LOGO

24. Were barriers encountered that **delayed enrollment**? If so, check all that apply:

- a. No barriers were encountered _____
- b. Residency requirements _____
- c. Availability of school records _____
- d. Birth certificates _____
- e. Legal guardianship requirements _____
- f. Transportation _____
- g. School selection _____
- h. Preschool programs not available _____
- i. Immunization requirements _____
- j. Physical examination records _____
- k. Lack of parental cooperation _____
- l. Language _____
- m. Other _____ Specify: _____

Section Two

As data becomes available complete the following items and the Section One items above that were not completed earlier.

25. Were **barrier(s) to attendance** encountered? If so, check all that apply:

- a. No barriers were encountered _____
- b. Transportation _____
- c. Health _____
- d. Lack of parent cooperation _____
- e. Other _____ Specify: _____

26. Cause of homelessness as it **applies to the parent/guardian** when student is living with parent/guardian:

Primary Reason (check only one):

- a. Addiction _____
- b. Divorce/family breakup _____
- c. Domestic violence _____
- d. Evicted within the past week _____
- e. Family/personal illness _____
- f. Jail/Prison of a parent _____
- g. Moved to seek work _____
- h. Physical/Mental Disability _____
- i. Unable to pay rent/mortgage _____
- j. Unemployment _____
- k. Loss of FIP (Family Investment Plan)/TANF (Temporary Assistance to Needy Families) _____
- l. Unknown _____
- m. Other _____ Specify) _____

Secondary Reason (check all that apply):

- n. Addiction _____
- o. Divorce/family breakup _____
- p. Domestic violence _____
- q. Evicted within the past week _____
- r. Family/personal Illness _____
- s. Jail/Prison of a parent _____

INSERT DISTRICT LOGO

- t. Moved to seek work _____
- u. Physical/Mental Disability _____
- v. Unable to pay rent/mortgage _____
- w. Unemployment _____
- x. Loss of FIP (Family Investment Plan)/TANF (Temporary Assistance to Needy Families) _____
- y. Unknown _____
- z. Other _____ Specify: _____

27. Cause of homelessness **as it applies to the student** when they are **not** living with parent/guardian (check only one reason):

- a. Runaway (For whatever reasons) _____
- b. Throwaway (Cast out by parent/guardian) _____
- c. Abandoned by parent/guardian _____
- d. Mother or mother to be (Not living with her parent/guardian or child's father for whatever reason) _____
- e. Parent/guardian unable to care for the child/youth _____ Specify the reason: _____
- f. Other _____ Specify: _____

28. School attendance (Check all that apply): Significant indicates a negative effect on school progress.

- a. Satisfactory attendance _____
- b. Significant number of days missed due to illness _____
- c. Significant number of days missed for reasons other than illness _____ Specify the reason: _____
- d. Significant number of late arrivals _____ Specify the reason: _____

29. Has the child/youth had difficulty gaining access to one or more of the following programs (Check all that apply):

- a. Title I _____
- b. Head Start _____
- c. Even Start _____
- d. Special Education _____
- e. Bilingual Education _____
- f. Safe and Drug Free Schools _____
- g. Other: _____ Specify: _____

30. Based on your assessments and observations of this child/youth identify his/her educational needs. On the following list **check all of the programs/services that would help** to meet an educational need of this child/youth even if the program/service is not available. (It is important to respond to both questions 30 and 31. This permits identification of both "met" and "unmet" needs for a specific child or youth):

- a. Title I
- b. Head Start
- c. Even Start
- d. Preschool Program
- e. Tutoring/Remedial
- f. Summer School Academic Programs
- g. Special Education
- h. Gifted/Talented
- i. Vocational Education
- j. Work-Study

INSERT DISTRICT LOGO

- k. Alternative Education
- l. Bilingual/Education as a Second Language (ESL)
- m. School Transportation
- n. Extra Curricular Activities
- o. Counseling
- p. Evaluations by School Staff to Determine Educational/Personal Needs
- q. Free-Reduced Breakfast and/or Lunch
- r. Parental Training Program
- s. Parental Assistance Regarding Child's Educational/Personal Needs
- t. Parental Assistance Regarding Accessing Community Services
- u. Assistance in Obtaining Records, Immunizations, Supplies, etc.
- v. Other (Describe):

31. On the following list check all of the programs/services that the school (or the community) **provided to this student**:

- a. Title I _____
- b. Head Start _____
- c. Even Start _____
- d. Preschool Program _____
- e. Tutoring/Remedial _____
- f. Summer School Academic Programs _____
- g. Special Education _____
- h. Gifted/Talented _____
- i. Vocational Education _____
- j. Work-Study _____
- k. Alternative Education _____
- l. Bilingual/Education as a Second Language (ESL) _____
- m. School Transportation _____
- n. Extra Curricular Activities _____
- o. Counseling _____
- p. Evaluations by School Staff to Determine Educational/Personal Needs _____
- q. Free-Reduced Breakfast and/or Lunch _____
- r. Parental Training Program _____
- s. Parental Assistance Regarding Child's Educational/Personal Needs _____
- t. Parental Assistance Regarding Accessing Community Services _____
- u. Assistance in Obtaining Records, Immunizations, Supplies, etc. _____
- v. Other (Describe): _____

32. On the following list of **personal needs** check all that would assist this child/youth even if the service is not available. (It is important to respond to both questions 32 and 33. This permits identification of both "met" and "unmet" needs for a specific student):

- a. Health needs (eyeglasses, immunization, illness, etc.) _____
- b. Clothes _____
- c. Personal items _____
- d. Food _____
- e. Emergency shelter for one or a few nights _____
- f. Safe and adequate housing for an extended period of time (shelter care, transitional housing, other community supported housing) _____
- g. Mental health services _____

Check items h through l if they apply to either the student or their parent/guardian:

h. Community transportation: Student _____ Parent _____

i. Childcare services: Student _____ Parent _____

j. Agency coordination: Student _____ Parent _____

k. Case management: Student _____ Parent _____

l. Interpreter: Student _____ Parent _____

m. Other _____ Specify: _____

33. On the following list of personal needs check the **services that were provided** to this student by community organizations and agencies (or the school), check all that apply:

a. Health needs (eyeglasses, immunization, illness, etc.) _____ b. Clothes _____

c. Personal items _____ d. Food _____ e. Emergency shelter for one or a few nights _____

f. Safe and adequate housing for an extended period of time (shelter care, transitional housing, other community supported housing) _____

g. Mental health services _____

Check items h through l if they apply to either the student or their parent/guardian:

h. Community transportation: Student _____ Parent _____

i. Childcare services: Student _____ Parent _____

j. Agency coordination: Student _____ Parent _____

k. Case management: Student _____ Parent _____

l. Interpreter: Student _____ Parent _____

m. Other _____ Specify: _____