BLOOMFIELD PUBLIC SCHOOLS Bloomfield, Connecticut

ADMINISTRATIVE REGULATION

No. 6141.312(a)

RE: Migrant Students

Instruction

Programs for Migrant Students – Family Interview Form

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	1	Programs for M	ligrant Studen mpleted by Buildin		•		Form		
Child 1 Name			Birth Date	Grade	Grade School				
Child 2 Name			Birth Date	Grade		School			
Child 3 Name			Birth Date	Grade		School			
Name of Parent/Guardian				Language(s)					
Telephone Number or other contact information				Today's Date					
Needs Assessment				Please check response					
1.	Do any of y problems the ability to le	□ Yes □ No							
2.	In what areas might your child(ren) need additional help in school?								
		Reading	Math	Langu	ıage	Othe	r (spec	ify)	
	Child 1								
	Child 2								
	Child 3								
3.	Are your ch	date?	□ Y	es 🗆	No 🗆	Don't know			
4.	Do you hav		□ Y	es 🗆	No 🗆	Don't know			
5.	Have you e healthcare?		□ Y	es 🗆	No □	Don't know			
	If not, would on primary	1	□ Y	es 🗆	No 🗆	Don't know			

Resources and Referrals

Please circle/check response

1.	Would you be interested in information on:						
	Head Start	☐ Yes ☐ No ☐ Enrolled					
	District Preschool	☐ Yes ☐ No ☐ Enrolled					
	Parents as Teachers	☐ Yes ☐ No ☐ Enrolled					
	GED/ESL Classes	☐ Yes ☐ No ☐ Enrolled					
2.	Would you be interested in information on:						
	Public/County Health Dept.	□ Yes □ No					
	Division of Family Services	☐ Yes ☐ No					
3.	May we share your name and address with these agencies?	☐ Yes ☐ No					
4.	When is the best time to reach you at home?						
	□ AM □ PM						
	Days of the week:						
	☐ Monday ☐ Tuesday ☐ Wednesday	☐ Thursday ☐ Friday					
Name of Person Completing Form		Name of Person Being Interview and His/Her Relationship to Family/Children					