

**Antietam School District**  
**Program for Migrant Students – Family Interview Form**  
*To be completed by Building Principal or designee: (please print)*

Child 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 your children have health problems that interfere with their ability to learn? Explain:  Yes  No
- 
2. In what areas might your child(ren) need additional help in school?
- |         | <b>Reading</b>           | <b>Math</b>              | <b>Language</b>          | <b>Other (specify)</b>         |
|---------|--------------------------|--------------------------|--------------------------|--------------------------------|
| Child 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| Child 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| Child 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
3. Are your child(rens)' immunizations up to date?  Yes  No  Don't know
4. Do you have immunization records?  Yes  No  Don't know
5. Have you established a source of primary healthcare?  Yes  No  Don't know  
 If not, would you be interested in information on Primary healthcare?  Yes  No  Don't know

**Resources and Referrals**

**Please Check Response**

1. Would you be interested in information on:  
 Public/County Health Dept.  Yes  No  
 Division of Family Services  Yes  No
2. May we share your name and address with these agencies?  Yes  No
3. 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 Interviewed and His/Her Relationship to Family/Children
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