

**Identification and Needs Assessment Form: Preschool and School Age
Children and Youth Living in Homeless Situations**
(For use to facilitate needs determination, assessment, evaluation, and reporting.)

Preface

This Identification and Needs Assessment Form has been prepared for use by school districts in recording pertinent information regarding children and youths identified as living in homeless situations. **This is not a required form and does not need to be submitted to the Department of Education.** The form may be useful to school districts that are (1) establishing an electronic data management system for homeless children and youths and/or (2) conducting a study of homeless children and youths within their district.

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.

Rather than limit the number of items on the form, there has been an attempt to include items that collect information that may be desired by school districts, especially if the District plans to conduct an extensive study 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, Title X, Part C, No Child Left Behind Act 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 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.

The form is in text format allowing a separate form to be completed for each child or youth identified as homeless. The text format was used to facilitate modification into an electronic copy. The responses to the items on the form can be prepared as pull down menus on the electronic copy. An electronic copy permits entering data by computer directly into the form and forwards the form to a centralized data management system.

It is suggested that school districts planning to use this form determine if there is a person within the District or within the Area Education Agency that can convert the form into an electronic data management system adapted for use with the District's centralized computer system.

This Identification and Needs Assessment Form includes all of the information that is included in the Iowa Homeless Population Form for Use by Schools that is on the Program Planning/Staff Development web page of the Department of Education Homeless Education web site. The latter form is in table format and ten children and youth can be entered on a single page. There are two disadvantages of the latter form, it needs to be completed manually and then entered into a computer program in order to analyze the data electronically and it does not include all of the items that are included in the text format form.

NOTE: Complete a separate form for each child/youth identified as living in a homeless situation.

Section One

New Student: Complete at the time of enrollment.

Student is Currently Enrolled: Complete when identified.

Child/Youth 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, Title X, Part C).

If information for an item is not available, complete at a later date if/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 child/youth'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 _____

6. If the child/youth is new to your school, record the date of enrollment in your school (Use numbers): Month ____ Day ____ Year ____
7. Complete this item if the child/youth 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: _____
- attends a special education class in our school ____
 - attends a program offered in our school ____ Specify the program: _____
 - participates in a support service offered in our school ____ Specify the service: _____
 - attends an alternative program offered in our school ____ Specify the program: _____
 - attends this school at the request of the parent/guardian ____
 - attends this school because it was determined to be in the best interests of this child/youth ____
8. If the child/youth has been attending your school, record the date the student was identified as being homeless (Use numbers): Month ____ Day ____ Year ____
9. Is this child/youth continuing attendance in your school after moving to another attendance area within your district? Yes ____ No ____
10. Is this child/youth 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:
- additional or extended bus routes ____
 - public transportation ____
 - taxis ____
 - contracted transportation services ____
 - special education buses ____
 - non-school agency transportation ____
 - personal vehicles ____
 - reimbursing families for mileage ____
 - none ____
 - 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 child/youth (cost per day times total number of days transported):

14. If the child/youth is not enrolled in school, record the date the child/youth 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 child/youth left your school while still homeless, record the discharge date: Month ____ Day ____ Year ____
17. Race (Check only one, if multiracial check the race the child/youth is most likely to be identified with):

- a. White _____
- b. African-American _____
- c. Hispanic _____
- d. Native American _____
- e. Asian _____
- f. Other _____ Specify: _____

18. Child/youth status with respect to living/not living with parent/guardian (consider a guardian, stepmother, stepfather as a parent), (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 child/youth 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 _____
- g. Friend or acquaintance _____
- h. Unknown _____
- i. Other _____ Specify: _____

20. Current living situation of **child/youth**, if the child/youth is **not** living with parent/guardian (Check only one):

- 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 child/youth also identified as a migrant? Yes _____ No _____

22. If the child/youth is living with parent/guardian how many children, including this child/youth, are in this homeless family: _____ (**Complete a separate copy of this Form for each child/youth attending your school and for each child/youth not attending school.**)
23. Complete the following for children/youth (between 0 and 21) in this family who **attend a school outside your attendance area** (This will assist in identifying a child/youth who has not been identified as homeless by the school the child/youth is attending):
- Age _____ Sex _____ School name _____
 - Age _____ Sex _____ School name _____
 - Age _____ Sex _____ School name _____
 - Age _____ Sex _____ School name _____
24. Were barriers encountered that delayed **enrollment**? If so, check all that apply:
- No barriers were encountered _____
 - Residency requirements _____
 - Availability of school records _____
 - Birth certificates _____
 - Legal guardianship requirements _____
 - Transportation _____
 - School selection _____
 - Preschool programs not available _____
 - Immunization requirements _____
 - Physical examination records _____
 - Lack of parental cooperation _____
 - Language _____
 - 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:
- No barriers were encountered _____
 - Transportation _____
 - Health _____
 - Lack of parent cooperation _____
 - Other _____ Specify: _____
26. Cause of homelessness as it **applies to the parent/guardian** when child/youth is **living with parent/guardian**:
- Primary Reason (check only one):**
- Addiction _____
 - Divorce/family breakup _____
 - 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 _____
- 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 child/youth** when child/youth is **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 1 _____
- 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 21 and 22. 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
- 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):

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

24. 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 23 and 24. This permits identification of both "met" and "unmet" needs for a specific child or youth):

- a. Health needs (eye glasses, 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 child/youth or the child/youth's parent/guardian:

- h. Community transportation: Child/Youth _____ Parent _____
- i. Childcare services: Child/Youth _____ Parent _____
- j. Agency coordination: Child/Youth _____ Parent _____
- k. Case management: Child/Youth _____ Parent _____
- l. Interpreter: Child/Youth _____ Parent _____
- m. Other _____ Specify: _____

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

- a. Health needs (eye glasses, 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 _____

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- k. Case management: Child/Youth _____ Parent _____
- l. Interpreter: Child/Youth _____ Parent _____
- m. Other _____ Specify: _____