

GRADS Student Needs Questionnaire

Today's Date: _____ Student Name: _____
GRADS Enrollment Date: _____ Age/Grade: _____
Preferred Language: _____

The purpose of this questionnaire is to help identify your needs and your child's needs in a variety of areas. Please answer the questions below by checking "yes" or "no" as a response. If you are uncomfortable answering any of the questions, please feel free to skip it and go to the next one. Your GRADS teacher or case manager will follow-up with you to discuss your needs and any needed resources and/or services.

Basic Needs	Yes	No
1. Do you have enough clothing for you and your child?		
2. Do you (and child) have enough food?		
3. Do you have a house, mobile home or apartment to live in?		
4. Do you feel your home is safe?		
5. Do you have heat, electricity, a phone and running water for your house, mobile home or apartment?		
6. Is transportation ever a problem for you?		
Educational		
1. Do you attend school on a regular basis?		
2. Is there anything that prevents you from attending school?		
3. Are you having trouble with your classes or homework?		
4. Are you passing all of your classes?		
5. Do you need extra help or tutoring?		
6. If you need tutoring services, do you have child care available when tutoring is offered?		
College/Career Readiness/Employment Assistance		
1. Do you have a current Next Step Plan that identifies your education and career goals?		
2. Do you plan to further your education after high school (i.e., career technical school, college or military)?		
3. Do you want help in developing a career technical education program? Note: A CTE program can help prepare you for education and career after high school and could include high school career cluster classes, dual credit classes, and industry certification.		
4. Do you need help applying to college or career technical school?		
5. Do you currently have a job?		
6. Do you need help applying for a job?		
7. Are you interested in learning job skills like resume writing, interviewing, or finding employers?		

	Yes	No
Emotional/Behavioral		
1. In the past 2 weeks, have you ever felt down, depressed or hopeless?		
2. Have you felt little interest or pleasure in doing things?		
Physical Health		
1. Do you feel healthy?		
2. Do you have any health concerns?		
3. Do you have a doctor or nurse that provides you with regular medical care, including vision checks?		
4. Do you have a dentist that provides you with regular dental care?		
5. Are there any barriers that prevent you from accessing health care?		
Reproductive Health		
1. Do you want access to family planning services?		
2. Do you want more information about sexual health risk?		
3. If pregnant, are you receiving prenatal care?		
Child/Children's Needs		
1. Does your child have a doctor who provides regular well-child exams?		
2. Does your child have a dentist who provides regular dental care?		
3. Would you like more information about immunization requirements?		
4. Does your child receive regular developmental screenings?		
5. Do you have any concerns about your child's health or behavior?		
6. Are your child care needs being met during the day and evening?		
7. Do you have any concerns about your child's safety?		
8. Does your child have any needs that are not being met?		
Legal		
1. Do you need any help with any immediate legal issues (e.g., child custody, child support, etc)?		
Other		
1. Do you have any concerns or needs that have not been discussed so far?		
2. Do you want help in learning how to access services for you and your family?		