

GRADS Student Needs Questionnaire

Today's Date: _____ Student Name: _____

GRADS Enrollment Date: _____ Age/Grade: _____

Primary language Spoken at Home _____

The purpose of this questionnaire is to help identify your needs and your child's needs in a variety of areas and attempt to match your needs with school or community resources and services. Please answer the questions below by checking the appropriate response. If you are uncomfortable answering any of the questions, please answer Not Applicable (N/A). Your GRADS teacher or case manager will follow up with you to discuss your needs in order to provide you with referrals to other professionals and/or agencies who may assist in addressing those needs.

Basic Needs

1. How long have you been in the GRADS program?
 4 or more years 3 years 2 years 1 year New

2. Do you (and child) have enough clothing?
 Never Sometimes Always

3. Do you (and child) have enough food?
 Never Sometimes Always

4. Where did you stay last night?
 Room, apartment or house that either you, your partner, or your parent/guardian rent
 Apartment or house that either you, your partner, or your parent/guardian own.
 In a friend's or family member's room, apartment or house.
 Hotel or motel paid for without emergency shelter voucher
 Foster care home or foster care group home
 Group home or other supervised residential care facility
 Street, car, park, etc
 Emergency shelter
 Jail, prison, or juvenile detention facility
 Other (please describe)

5. How long have you stayed in the place you stayed last night?
 One week or less
 More than one week, but less than one month
 One to three months
 More than three months, but less than one year

One year or longer

6. If you want/need to leave the place you stayed last night, Why? Please check all of the reasons:

- I plan on staying at the place I stayed last night
- Received an eviction notice
- Non-payment of rent or past due rent
- Unable to pay future rent because lost housing subsidy, job or other income source
- Non-payment of utilities or utility shut-off
- Housekeeping concerns (failure to maintain cleanliness of unit)
- Housing is or will be condemned
- Friend or family member being evicted or threatened with eviction
- Threat of abuse by partner, family member or other
- Been discharged or service is being terminated
- Personal conflict with others
- Other health or safety concerns
- Other lease violation(s) (Please describe)
- Other (Please describe)

7. Do you need help to find or secure housing tonight or within the next month?

No Yes

8. Do you have heat, electricity, a phone and running water where you live?

No Yes Sometimes

9. Do you have transportation issues getting to school?

No Yes Sometimes

10. Do you have transportation issues when meeting basic needs? (Ex: doctor's appts. Grocery shopping, etc.)

No Yes Sometimes

Educational

1. Do you attend school on a regular basis?

absent 3 days per grading period absent more than 3 days per grading period
 absent 5- 10 days (or more) per grading period Post graduate

2. Is there anything that prevents you from attending school?

Yes No Post graduate

3. Are you having trouble with your classes?

Yes No
Homework?
 Yes No
 Post graduate

4. Are you passing all of your classes? Yes No Post graduate

5. Do you need extra help or tutoring? Yes No Post graduate

6. If yes, would you have child care available when tutoring is offered? Yes No Post graduate

7. Do you have internet access to be able to work on assignments?
 Yes No

College/Career Readiness/Employment Assistance

1. Do you have a current Next Step Plan that identifies your education and career goals?
 Yes No Post graduate

2. Do you plan to further your education after high school (i.e., career technical school, college or military)? Yes No Post graduate

3. Do you want help in developing a career technical education program? Note: ACTE 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.
 Yes No Post graduate

4. Do you need help applying to college or career technical school? Yes No

5. Do you currently have a job? Yes No

6. Do you need help applying for a job? Yes No

7. Do you need help with job skills such as:
 resume writing interviewing job searches

Emotional/Behavioral

1. During the past 6 months, have you had feelings of:
 worry anxiety sadness being bored or disinterested anger or irritability

2. If you marked any of the above, did these feeling affect or limit your ability to participate in social, school or other daily activities? Yes No

3. Do you have a trusted adult to go to for help when you are having these feelings?
 Yes No

Physical Health

1. Do you feel healthy? Yes No Sometimes

2. Do you have any health concerns? Yes No Sometimes

3. Do you have a doctor or nurse that provides you with regular medical care, including vision checks? Yes No Sometimes

4. Do you have a dentist that provides you with regular dental care? Yes No Sometimes

5. Are there any barriers that prevent you from accessing health care? Yes No Sometimes

6. Do you need help getting health insurance?
 Yes No

Reproductive Health

1. Do you have access to family planning (reproductive health, contraception) services?
 Yes No

2. Do you want more information about sexual health risk? Yes No

3. Are you or your partner pregnant? Yes No

4. If pregnant, are you receiving prenatal care? Yes No

Child/Children's Needs

1. Does your child have a doctor who provides regular well-child exams?

Yes No N/A

2. Does your child have a dentist who provides regular dental care?

Yes No N/A

3. Do you know what the requirements for your child's immunizations (shots) are?

Yes No

4. Does your child receive regular developmental screenings? Yes No N/A

5. Do you have any concerns about your child's health or behavior? Yes No N/A

6. Are your childcare needs being met during the day? Yes No N/A

Evening? Yes No N/A

7. Do you need help applying for CYFD child care assistance? Yes No N/A

8. **Do you have any concerns about your child's safety?** Yes No N/A

9. Does your child have any needs that are not being met? Yes No N/A

Legal

1. Do you need any help with any immediate legal issues (e.g., child custody, child support, etc)? Yes No

2. Do you need legal assistance with any of the following:

immigration/citizenship protective order parenting plan N/A

3. Do you know your legal rights and responsibilities as a parent?

Yes No

Relationships

1. Do you feel your relationship with your partner is healthy? Yes No N/A

2. Are you interested in receiving information about available resources and services related to healthy relationships and/or domestic violence? Yes No N/A

