



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

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Family History Form

Student Name: _____

Parent/Guardian Name: _____

Please put an "X" next to all items below that apply to your child and/or family:

- _____ Child has not previously participated in a formal early learning program
- _____ Primary caregiver did not complete high school (i.e. no GED)
- _____ Teen parent at birth of first child
- _____ Single parent family and/or blended family
- _____ Refugee family
- _____ History of domestic violence
- _____ DCFS involvement
- _____ Chronic or terminal illness of child or immediate family member
- _____ A family member has a developmental delay or mental health need
- _____ Parent is incarcerated
- _____ Active duty military family
- _____ Child was born outside of the United States or has one or more parent(s) or caregiver(s) born outside of the United States
- _____ Child has received Early Intervention services and is not eligible for special education
- _____ History of alcohol/drug abuse in family
- _____ Parents unemployed or have multiple jobs
- _____ Family is living in a home which does not have basic utilities (power/water)
- _____ Family lives in isolation without a support system (family, friends, medical, faith based)
- _____ High mobility and/or transience
- _____ Child had a premature birth
- _____ Child behavior concerns
- _____ Child will enter kindergarten in the upcoming school year

_____ Family affected by Covid-19 pandemic
Explain: _____

_____ Child experiencing or experienced trauma
Explain: _____

_____ Child has been served by another at-risk program and/or from community resources
Explain: _____