

**DELAWARE DEPARTMENT OF EDUCATION
TITLE I, PART C
Agricultural Work Survey**

To better serve your child, _____, our district: _____ and our school: _____ assist the Delaware Department of Education identify students who may qualify for additional education and support services. Your responses will remain confidential and used only for planning. Please complete and return this form to your child’s school.

1. In the past 3 years, has your family changed from: a) one school district to another; b) one state to another state; c) another country to the U.S.?

_____ YES _____ NO

If “NO,” do not complete the remainder of this survey. If “YES,” please continue.

2. Was the reason for this change **to look for or to accept** a job in an agricultural or fishing activity such as those listed below? Answer this question even if you have a different type of job now.

_____ YES _____ NO

If “YES,” please circle all that apply if you or your husband/wife, or someone in your household has worked with, on, or in a:

- | | | | |
|---------------|--------------------------|--|--|
| Farm | Chicken processing plant | Dried or dehydrated fruits/spices | Plant nursery/greenhouse |
| Dairy | Processing meat/fish | Sod farms | Tree growing or harvesting |
| Ranch | Cranberry bogs | Meat or food packing plant | Food processing |
| Cannery | Fresh/frozen juices | Mushrooms | Pet food processing |
| Chicken house | Fishery | Planting, picking, or packing fruits, vegetables, seeds, or nuts | Cleaning, weeding or preparing land for planting |

Please add any other agricultural or fishing work/activity that you or your husband/wife or someone in your household has performed:

Please list all children **ages 3-21 years old** in the home, including those not enrolled in school:

First / Last name	Date of Birth	Age	Grade	School

Parent/Guardian: _____ Date: _____

Address: _____ Apt. No. _____ City: _____ Zip: _____

Phone: _____ Best time to be reached _____ AM / PM Alternate or cell phone number: _____

DISTRICTS: The ORIGINAL document must be submitted to the Delaware Department of Education **Migrant Education Program Office** within 10 days of the student’s enrollment by **State Mail Code N510** or by U.S. Postal Service to **35 Commerce Way, Suite 1, Dover, DE 19904**. A COPY of this form must be retained in the student’s file to document compliance with the Title I, Part C federal program requirements.

**Depatman Edikasyon Delaware
Pwogram Edikasyon pou Migran
Sondaj Travay Agrikòl**

Chè Paran/Gadyen,

Dat: _____

Pou pi byen sèvi pitit ou, _____, distri nou an: _____
ak lekòl nou an: _____ ap ede Depatman Edikasyon Delaware idantifye elèv ki
ka kalifye pou sèvis edikasyon ak sipò adisyonèl. Repons ou yo pral rete konfidansyèl epi yo pral itilize sèlman pou
planifikasyon. Tanpri ranpli fòm sa a epi remèt li nan lekòl pitit ou a.

1) Nan twa (3) dènye ane yo, eske fanmi ou te chanje soti nan: a) yon distri lekòl pou al nan yon lòt ; b) yon eta pou ale
nan yon lot eta ; c) yon lòt peyi pou vin nan US

_____ Wi _____ Non

Si w repon "Non" ou pa bezwen kontinye rès sondaj la. Si w repon "Wi" tanpri kontinye.

2) Eske rezon kifè chanjman sa yo sete pou w chache si w jwen oswa aksepte yon djòb nan jaden oswa nan yon nan
aktivite sa yo ki nan lis anba a. Reponn kesyon sa a mem si w gen yon lòt kalite travay ki diferan kounye a.

_____ Wi _____ Non

Si "wi", tanpri ansèkle tout sa ki aplike pou oumenm oswa mari ou / madanm, oswa yon moun lakay ou ki te travay nan
youn nan sa yo:

fèm	Usine ki prepare poul	Fwi a kepis sech epi santibon	Pepinyè / lakòz efè tèmik
letye	Usine kote yo prepare vyann / pwason	Kote yo van sèl pwason	Kote yo plante pye bwa oswa rekòlte
elvaj	Kote ki gen Cseriz	Usine Kote yo anbale vyann ak manje	Faktory kote yo met manje nan mamit
konsèrveri	Ji fresh / jele	dyondyon	Preparasyon manje pou bet
Kay Poul	Lapèch	Plante ,ranmase, anbale fwi, legim, vyan, nwa	Netwayaj, saklay te plantasyon

Tanpri ajoute nenpòt lòt travay ki gen rapò ak aktivite agrikòl oswa lapèch ke w ka fè : _____

Tanpri fè lis tout ti moun lakay ou ki gen laj 3-21 ane. Mete sak pako ale lekòl tou

Non/sinyati	Dat timoun nan fèt	Laj li	Clas li	Lekòl li

Paran/ moun responsab : _____ Dat: _____

Apt. No _____ Katye _____ Kòd _____

Phone _____ Pi bon lè pou rele w _____ AM/PM Lòt telefòn/ selilè Nimero telefòn li _____

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