



ADAMS COUNTY SCHOOLS MCKINNEY-VENTO CONSORTIA

NEEDS ASSESSMENT

Date _____ School: _____

Student(s) Name and Grade: _____

Parent/Guardian _____ Phone # : _____

Current Address _____

Please Return completed form to your child's school office.

Please check if your family needs assistance in any of the following areas:

(check all that apply)

- Assistance with birth certificates, shot records, physicals, sports physicals, etc.
- Free School Meals (breakfast/lunch)
- Transportation to school or origin
- Transportation assistance to attend Open House, Parent/Teacher conferences, other school events
- Resources for clothing for school attendance
- School supplies/books/materials fees)
- Personal Hygiene items
- Assessment for special programs (High Ability, English Language, Speech, Special Education, etc.)
- Academic Assistance/ Tutoring
- Referral (Medical, Dental, Counseling, Housing, Food Pantry, social services, etc.)
- Assistance in enrolling younger siblings into Pre-K
- Other _____



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