

## Student Services Questionnaire

This information will be used to help Portland Public Schools address the needs of our students and families.

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your student receive special education services (IEP or 504)? \_\_\_\_\_yes \_\_\_\_\_no

Do you currently receive or believe you may qualify for free or reduced lunch? \_\_\_\_\_yes \_\_\_\_\_no

Is the student's parent/guardian, step-parent or sibling currently in the military? \_\_\_\_\_yes \_\_\_\_\_no

Is your child's native language (first) tongue a language other than English? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, which language? \_\_\_\_\_

Is the primary language used in your child's home or environment a language other than English? If yes, which language? \_\_\_\_\_yes \_\_\_\_\_no

Who does your student live with most (most days of the year)?

\_\_\_\_\_ biological mother      \_\_\_\_\_ biological father      \_\_\_\_\_ aunt      \_\_\_\_\_ uncle  
\_\_\_\_\_ other family member      \_\_\_\_\_ grandparent      \_\_\_\_\_ step-parent      \_\_\_\_\_ other

During the school year, where does your student live? (check one box)

*The answers you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.*

### Section A

\_\_\_\_\_ In a shelter, a motel, car, camper, etc.  
\_\_\_\_\_ Awaiting foster care placement or within first 6 months of placement  
\_\_\_\_\_ With another family or person due to loss of housing or economic hardship  
\_\_\_\_\_ With more than one family in a house or apartment  
\_\_\_\_\_ Other temporary living situation (please describe) \_\_\_\_\_

### Section B

\_\_\_\_\_ Choices in Section A do not apply

If you checked a box in Section A, complete Section C. If you checked Section B, no need to answer C.

Section C My student lives with:

\_\_\_\_\_ 1 parent      \_\_\_\_\_ 1 parent and another adult      \_\_\_\_\_ alone with no adults  
\_\_\_\_\_ 2 parents      \_\_\_\_\_ a relative, friend or other adult      \_\_\_\_\_ an adult that is not the parent/guardian

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_