**McKinney Vento Supports for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please assess your need in each area using the following:
H = High Need** (I can’t provide this to my child or myself without help)

**P = Partial Need** (Help would be appreciated for this, but we/I can take care of some of it)

**N = Not a need** (We/I can provide or do this on our/my own)

| **Basic Supports**  | ACTION PLAN | One time or Ongoing |
| --- | --- | --- |
|  | Free breakfast & lunch (in school) |  |  |
|  | Food needs (outside of school) |  |  |
|  | Clothing needs |  |  |
|  | Hygiene Products |  |  |
|  | Laundry Facilities |  |  |
|  | Medical, Dental, or Vision Services referrals |  |  |
|  | School Transportation |  |  |
|  | After-school Care/Enrichment |  |  |
|  | Other:  |  |  |

| **Education/Academic Support**  | ACTION PLAN | One time or Ongoing |
| --- | --- | --- |
|  | Enrollment assistance (documents & fees) |  |  |
|  | Preschool or Headstart programs |  |  |
|  | School supplies |  |  |
|  | Expedited evaluations for educational support programs (Spec. Ed, EL, Gifted, etc) |  |  |
|  | Summer programing |  |  |
|  | Parental Engagement support |  |  |
|  | Credit Recovery Assistance  |  |  |
|  | Graduation support or related expenses    |  |  |
|  | Alternative educational programs  |  |  |
|  | Other:  |  |  |

| **Social/Emotional Support**  | ACTION PLAN | One time or Ongoing |
| --- | --- | --- |
|  | Access to & understanding of available community resources (Self-Rescue Manual)  |  |  |
|  | Referral to Department of Health & Welfare Navigator Program |  |  |
|  | Parenting Trainings |  |  |
|  | Other:  |  |  |

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) non-identifying information may be shared  with community and governmental agencies in an effort to more effectively provide services to you and/or your student, and (3) the same information, as well as other information that may identify my child(ren) may be shared with other KSD staff members for a legitimate educational purpose.

 Parent/Student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MV Liaison signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_