

PIR/ROSTER/WES-INFO SHEET

Gender: _____

CLASSROOM NAME AND #:

ENROLLMENT TYPE: HS CC DUAL

CHILD'S NAME

DOB

DOE

PARENT(S) NAME(S)
MOTHER:
FATHER:

PHONE NO.

ADDRESS

DUAL CUSTODY
 FOSTER CHILD

1 2 FAMILY HOUSEHOLD
 WORK
 NOT WORK
 JOB TRAINING/SCHOOL

SIBLING(S) ATTEND SCHOOL: _____
IF YES, LIST NAMES:

PRIMARY SOURCE OF
CHILDCARE
IS NOT HS

HIGHEST GRADE COMPLETED
FOR HOUSEHOLD:

HOMELESS
DATE OBTAINED SHELTER: _____

ETHNICITY

HISPANIC / LATINO
 NON-HISPANIC
 NON LATINO

PRIMARY LANGUAGE
SPOKEN AT HOME:

RACE:
 AMERICAN INDIAN OR ALASKA NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN/PACIFIC ISLANDER

WHITE
 BIRACIAL/MULTIRACIAL
 OTHER
 UNSPECIFIED

INCOME STATUS:
 COVER BELOW
 TANF SSI
 BETWEEN 100 & 130

WES CODES:

DATE INCOME
VERIFIED: _____
Monthly Income: \$

WIC YES NO
SNAP YES NO

HEALTH INSURANCE TYPE:
Medicaid:
Child Health Plus:
Private:

PRE DIAGNOSED WITH
SPECIAL NEEDS

SPEECH
 BEHAVIORAL
 LEARNING DELAY
 IF PHYSICAL,
SPECIFY: _____

DENTAL CARE

HAS DENTAL HOME:
NEEDS TREATMENT:
IF NOT RECEIVED, WHY:

CHRONIC CONDITION

Anemia
Asthma
Hearing Difficulties
BMI outside of 5-85%: _____
Vision Problems
High Lead Levels
Diabetes

REFERRALS