

MIGRANT EDUCATION PROGRAM PARENT OCCUPATIONAL SURVEY



School District: _____ Date Completed: _____
 Number of Children in Household: _____ Age(s) of Children: _____
 Name(s) of the School(s) the Children Attend: _____
 Name of Parent(s)/ Caregiver(s): _____
 Current Address: _____
 City / State / Zip Code: _____ Contact Number: _____

Race/Ethnicity of the Children (select all that apply):

- American Indian or Alaska Native (If selected, please provide tribal affiliation: _____)
 Latino/a Black/African American White Native Hawaiian/Pacific Islander Asian






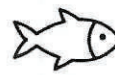

1. Have your children participated in the Migrant Education Program in Arizona or any other state?

Yes No If yes, please indicate the date and state where your children received services: _____

2. In the last three years, has your family moved to search or work in another city, county, or state?

Yes No If yes, on what date did your family arrive in the city you reside in at this time?: _____

3. Has anyone in your immediate family worked in one of the occupations listed below as a seasonal or temporary employee (less than 12 months)? (select all that apply)

<input type="checkbox"/> Agriculture (harvesting/picking vegetables or fruits such as lettuce, tomatoes, broccoli, strawberries, dates, lemons, etc.) 	<input type="checkbox"/> Dairy/Livestock/Poultry (herding, handling, feeding, branding, slaughtering, deboning, etc.) 
<input type="checkbox"/> Planting (Planting seeds, growing or cutting trees, preparing the land, etc.) 	<input type="checkbox"/> Meatpacking/ Meat Processing (skinning, hanging, cutting, trimming, freezing, etc.) 
<input type="checkbox"/> Processing/Packing agricultural products (cleaning, weighing, cutting, sorting, freezing, packing, etc.) 	<input type="checkbox"/> Fishing/ Seafood (scaling, cutting, freezing, enclosing raw product in container) 
<input type="checkbox"/> Personal Subsistence (Family consumes the crops, dairy products, or livestock they produce or the fish they catch) 	<input type="checkbox"/> Other agricultural or fishing occupation Please specify: _____

Additional Questions

- Did you lose housing due to an eviction, inability to pay rent or mortgage due to economic hardship, conflict, abuse, or damage to your previous home? Yes No
- Is your family staying with a friend/relative because of loss of housing, economic hardship, or similar reason? Yes No
- Is your family staying in an unsheltered location (e.g., storage unit, tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)? Yes No
- Are you temporarily caring for a child or youth (ages 3-21) that has recently lost housing (e.g., their parent has moved away unexpectedly, their parent can no longer financially support them)? Yes No

Please return this form to the school as soon as possible