

## PARENTING STUDENT SURVEY

### Program eligibility

A student is eligible to receive services when the following criteria is met:

- Student is pregnant or parenting
- Student is enrolled or eligible for enrollment in Houston Independent School District

**ALL INFORMATION MAY BE COMPLETED BY EITHER PARENT, STUDENT, OR SCHOOL PERSONNEL.**

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_

**STUDENT INFORMATION**  
 Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student ID \_\_\_\_\_ Grade \_\_\_\_\_ Select one Female  Male  Other

**CONTACT INFORMATION**  
 Phone number \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**CURRENT ADDRESS**  
 Address/City/ State/Zip \_\_\_\_\_

**If student is a parent, please list the name of the child (ren)**

| Name | Date of Birth (month/day/yr) | Current Age | Gender | Name of School/Program child attends |
|------|------------------------------|-------------|--------|--------------------------------------|
|      |                              |             |        |                                      |
|      |                              |             |        |                                      |
|      |                              |             |        |                                      |

If student is currently pregnant, what is student's due date (month/day/yr): \_\_\_\_\_ Gender of unborn child \_\_\_\_\_

**CO-PARENT INFORMATION**  
 Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If Co-Parent is enrolled in an educational setting, please provide name of School/ Program \_\_\_\_\_

Student ID # \_\_\_\_\_ Grade \_\_\_\_\_ Select one Female  Male  Other

**Support:** (Check services that may apply)

| DAILY ATTENDANCE                        | GRADUATION/ POST-SECONDARY PATHWAY        | AVAILABILITY OF RESOURCES                      |
|---|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Scheduling       | <input type="checkbox"/> Mental Health Support |
| <input type="checkbox"/> Day Care       | <input type="checkbox"/> Credit Recovery  | <input type="checkbox"/> Public Assistance     |
| <input type="checkbox"/> Basic Needs    | <input type="checkbox"/> College & Career | <input type="checkbox"/> Medical Care          |
| <input type="checkbox"/> Other          | <input type="checkbox"/> Other            | <input type="checkbox"/> Parenting Skills      |

| Services currently being received:               |  |
|--|--|
| <input type="checkbox"/> Medicaid                | <input type="checkbox"/> SNAP                              |
| <input type="checkbox"/> Harris Health Gold Card | <input type="checkbox"/> WOMEN, INFANTS AND CHILDREN (WIC) |
| <input type="checkbox"/> Housing Assistance      | <input type="checkbox"/> SSI                               |
| <input type="checkbox"/> TANF                    | <input type="checkbox"/> Other                             |

**To the best of my knowledge this information is true and correct.**

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Person completing form (select one):  
 Self (Parenting Student)  Parent/Guardian   
 School Personnel  Other

Submit completed forms to:

**Leticia Partida**  
 Manager, Office of Student Assistance  
 Parenting Students  
[Lpartida@houstonisd.org](mailto:Lpartida@houstonisd.org)

**Student Assistance Re-Engagement Center at Brock**  
 1417 Houston Avenue  
 Houston, TX 77007  
 713-556-7017