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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth (month/day/yr)</th>
<th>Current Age</th>
<th>Gender</th>
<th>Name of School/Program child attends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>DAILY ATTENDANCE</th>
<th>GRADUATION/ POST-SECONDARY PATHWAY</th>
<th>AVAILABILITY OF RESOURCES</th>
<th>Services currently being received:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Transportation</td>
<td>☐ Scheduling</td>
<td>☐ Mental Health Support</td>
<td>☐ Medicaid</td>
</tr>
<tr>
<td>☐ Day Care</td>
<td>☐ Credit Recovery</td>
<td>☐ Public Assistance</td>
<td>☐ SNAP</td>
</tr>
<tr>
<td>☐ Basic Needs</td>
<td>☐ College &amp; Career</td>
<td>☐ Medical Care</td>
<td>☐ Harris Health Gold Card</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Other</td>
<td>☐ Parenting Skills</td>
<td>☐ WOMEN, INFANTS AND CHILDREN (WIC)</td>
</tr>
</tbody>
</table>

Services currently being received:

| ☐ Medicaid | ☐ SNAP |
| ☐ Harris Health Gold Card | ☐ WOMEN, INFANTS AND CHILDREN (WIC) |
| ☐ Housing Assistance | ☐ SSI |
| ☐ TANF | ☐ Other |

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

Person completing form (select one):

Name (Print) ___________________________
Signature ___________________________
Date ___________________________

Submit completed forms to:
Leticia Partida
Manager, Office of Student Assistance
Parenting Students
Lpartida@houstonisd.org

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