

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 _____