

**Creighton School District ~ Title I Homeless Children and Youth (HCY) Yearly Service Log
Needs Assessment and Educational Opportunities Information**

CSD Community Ed Department 6/27/16

School Name: _____ Parent Liaison: _____ Effective Date: _____

Student Name: _____ Student Id: _____ Grade: _____ Teacher: _____

Names of Siblings Enrolled: _____

Parent /Guardian Name(s): _____ Phone(s): _____

Current Address: _____

Shelter: _____ Transitional Housing: _____ Relative: _____ Hotel: _____ Other: _____

Is the student attending a before/after school program? Yes _____ No _____
If yes, what program _____ Days and times of the program _____

How is the student getting to and from school? _____

Does the student have an IEP which includes a transportation plan? Yes _____ No _____
If yes, what are the accommodations: _____

Please log all information for each transitional student during the school year. Services provided to each family end with the school year. Another form will be completed if family qualifies for continued assistance in the new school year.

Title I HCY / McKinney Vento Needs & Services	Need Addressed (Date(s) of Communication with Parent)	Dates of Service (Beginning and End)
HCY Transportation (District to District or School to Shelter)		
HCY Bus Tickets (Within CSD)		
HCY Mileage Reimbursement		
Title I Free Lunch / Breakfast		
Title I Educational Services (SES Tutoring, RTI, etc.)		
Special Education		
HCY School Uniforms	*Write uniform items and sizes needed on back of page.	
HCY School Supplies		
School Activity Fees or Instrument Rental		
Referral for Food / Clothing (St. Mary's/ School Bell/Salv. Army)		
Referrals for Medical, Vision, Dental or Counseling for Students (Made by Admin/Teacher/Nurse/Psychologist)		
Referrals for Adult Education / Parent Training (Comm. Ed. Adult Classes, APTT, etc.)		
Referral to Local Preschool Programs for Siblings		
Other Services:		

Homeless Status Confirmed: Yes _____ No _____ Homeless Liaison: _____ Date: _____