

SAMPLE SCHOOL DISTRICT

**Education for Children and Youth Experiencing Homelessness (ECYEH) Program
Weekly/Bi-weekly Check-in Form**

Student Name: _____ **Date:** _____

School: _____ **Grade:** _____

Current Living Situation:

Do you need assistance with the following health, safety and basic needs?

| Need | Yes | No | Assistance Provided |
|---|------------|-----------|----------------------------|
| Emergency Housing | | | |
| Food | | | |
| Clothing/ School Uniform | | | |
| Health Care | | | |
| Mental Health Care | | | |
| School Related Transportation | | | |
| Transportation to food sites or to pick up learning materials or delivery of food/learning materials | | | |
| Other In School Issues | | | |
| Baby Supplies (formula, diapers, cleaning products) | | | |
| Hygiene supplies (soap, sanitizer detergent, clean clothing, showers, sanitary supplies, medicines, etc.) | | | |
| Pre-paid cell phone w/ minutes/unlimited data | | | |
| Learning accommodations for students due to homeless living situations. | | | |
| Appropriate mobile devices needed for online learning (access to mobile hotspots, laptops/tablets/other materials necessary to fully participate in online learning) | | | |
| Other Out of School Issues | | | |