



HIPPY FAMILY APPLICATION

GUARDIAN DATA

Returning Family

Family ID

Guardian ID

First Name

Family/ Last Name

Address

City, State, Zip

County

Phone Number 1, 2, 3

Email 1

Email 2

Main Contact
select from drop down

phone 1

Community Type

Major City Rural Small Town
 Suburban Urban

Case Level

Weekly Bi-weekly Monthly
 6 Times/ Yr. Quarterly or Less
* must select weekly, unless HIPPIY USA approved adaptation is on file Add .5 for multiple children

Site/ Fund Code

MIECHV Title I Local Funds
 MIECHV - A+ Select your funding source:
* must select from your drop down, this is specific to each site. All participants should be assigned fund code.



HIPPY FAMILY APPLICATION



F & R Lunch?

Referral Source

- | | | |
|--|---|--|
| <input type="checkbox"/> Doctor/ Health Clinic | <input type="checkbox"/> Friend/ Family | <input type="checkbox"/> Local Matching System |
| <input type="checkbox"/> Returning Parent | <input type="checkbox"/> School District | <input type="checkbox"/> Social Service Organization |
| <input type="checkbox"/> Staff Recruitment | <input type="checkbox"/> Transfer from another HIPPY Site | |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Other | |

Ethnicity

- | | | |
|-----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Unrecorded |
|-----------------------------------|---------------------------------------|-------------------------------------|

Race

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> N. Hawaiian or other Pacific I. | <input type="checkbox"/> White |

Gender/Sex

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

DOB

Marital Status

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Married | <input type="checkbox"/> Single/ Never Married |
| <input type="checkbox"/> Not married, living together | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |

Primary Language

- | | | |
|----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other |
|----------------------------------|----------------------------------|--------------------------------|

Secondary Language

- | | | |
|----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other |
|----------------------------------|----------------------------------|--------------------------------|

HIPPY Curriculum Language

- | | | |
|----------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Both |
|----------------------------------|----------------------------------|-------------------------------|

Enroll Date

Medicaid #

Participation Agreement Date

Exit Date:

GUARDIAN DEMOGRAPHICS

- Teen Parent
- Parent w/disability or chronic health condition
- Low Education (no H.S. Diploma or GED attained)
- Refugee
- Military Family
 - Active Duty?
 - Veteran?

- Substance Abuse
- Child Abuse or Neglect
- Incarcerated Parent
- Death in immediate family

1st Guardian Service

2nd Guardian Service

National High Needs Characteristics (Mark all that apply)

- Child w/ disability or chronic health condition
 - Parent Mental Illness
 - Low Income
 - Domestic Violence
 - Foster/ Court Appointed
 - Homeless/Unstable
 - Very Low Birth Weight
 - Deployed?
 - Deployed?
- Branch:
- RANK:
- Branch:
- RANK:



Other Family Characteristics (Mark all that apply)

| | | | |
|---|--|---|--|
| <input type="checkbox"/> Formerly served in the US Armed Forces | <input type="checkbox"/> ESL/ Limited English | <input type="checkbox"/> Single Parent | <input type="checkbox"/> Adoptive Parent |
| <input type="checkbox"/> Children w/ low student achievement | <input type="checkbox"/> First Time Parent | <input type="checkbox"/> Multiple Children under 6 | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Relative as primary caregiver | <input type="checkbox"/> Serious Behavior Concerns | <input type="checkbox"/> Parent Foreign Born | <input type="checkbox"/> Underinsured |
| <input type="checkbox"/> Involved w/ correctional system | <input type="checkbox"/> All guardians work outside the home | <input type="checkbox"/> Other: State approved characteristic | |

MIECHV Priority Population (All questions must be entered as Yes/No in Visit Tracker)

| | | |
|-------------------------------------|-------------------------------------|---|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Low income household (auto-calculated based on Family Income History) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Household contains an enrollee who is pregnant and under the age of 21 (auto-calculated based on Family Income History) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Someone in the household uses tobacco products in the home (auto-calculated based on Family Income History) |
| <input type="checkbox"/> | <input type="checkbox"/> | Household has a history of child abuse of neglect or has had interactions with child welfare services |
| <input type="checkbox"/> | <input type="checkbox"/> | Household has a history of substance abuse or needs substance abuse treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | Someone in the household has attained low student achievement or has a child with low student achievement |
| <input type="checkbox"/> | <input type="checkbox"/> | Household has a child with developmental delays or disabilities |
| <input type="checkbox"/> | <input type="checkbox"/> | Household includes individuals who are serving or formerly served in the US armed forces |

Family Income History

| | |
|---------------------|-----------------------|
| Average Monthly: \$ | # of people in house: |
|---------------------|-----------------------|

| | | |
|--|---|--|
| Income Types: | | |
| <input type="checkbox"/> Child Support / Alimony | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> Food Stamps/ SNAP |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Salary / Wages |
| <input type="checkbox"/> SS/Disability | <input type="checkbox"/> Stipend | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Tribal General Assistance | <input type="checkbox"/> Unemployment | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Unknown/ Did not report | <input type="checkbox"/> Other | |

Primary Parent Employment History

| | | | |
|--------------------------|------------------------------------|------------------------------------|---------------------------------------|
| # Hours worked per week: | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Not Employed |
|--------------------------|------------------------------------|------------------------------------|---------------------------------------|



Primary Parent Education History

| | |
|--|---|
| <p>Highest Level Attained:</p> <p><input type="checkbox"/> Less than HS diploma or equivalent</p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> Some College / Training</p> <p><input type="checkbox"/> Technical Training / Certification</p> <p><input type="checkbox"/> Associate's degree</p> <p><input type="checkbox"/> Bachelor's degree or higher</p> <p><input type="checkbox"/> other</p> | <p>Current Enrollment Status:</p> <p><input type="checkbox"/> Currently Enrolled in middle School</p> <p><input type="checkbox"/> Currently enrolled in High School</p> <p><input type="checkbox"/> Currently enrolled in GED program</p> <p><input type="checkbox"/> Currently enrolled in college/ graduate school</p> <p><input type="checkbox"/> Currently enrolled in technical training</p> <p><input type="checkbox"/> Not Enrolled</p> |
|--|---|

Primary Parent Housing Status

| | |
|---|--|
| <p>Not Homeless</p> <p><input type="checkbox"/> Not Homeless: Owns or shares own home, condominium, or apartment</p> <p><input type="checkbox"/> Not Homeless: Rents or shares own home or apartment</p> <p><input type="checkbox"/> Not Homeless: Lives in public housing</p> <p><input type="checkbox"/> Not Homeless: Lives with parent or family member</p> <p><input type="checkbox"/> Not Homeless: Some other arrangement</p> | <p>Homeless</p> <p><input type="checkbox"/> Homeless: Sharing housing</p> <p><input type="checkbox"/> Homeless: living in an emergency or transitional shelter</p> <p><input type="checkbox"/> Homeless: Some other arrangement</p> |
|---|--|



GUARDIAN HEALTH INFORMATION

**Health Insurance
Continuity**

Has primary caregiver had continuous insurance coverage over the past 6 months?
 YES NO

Are all family members insured? YES NO

Health Insurance Type

No Insurance Private Insurance Medicaid

State Children's Health Program (CHIP) / State Insurance

Tri-Care / Military

Tobacco Use

Does primary caregiver use tobacco products or electronic nicotine delivery systems? YES NO

Does anyone in the house, other than the primary caregiver, use tobacco products or electronic nicotine delivery systems in the home? ***YES NO

Tobacco use in the last 30 days?
 Everyday Somedays Not at all Prefer not to answer

Smoked at least 100 cigarettes (5 packs) in your entire life?
 Yes No Prefer not to answer

***** If Yes**, a referral should be made within 3 months for the primary caregiver. Record in Resource Connections.



CHILD DATA (complete 1 per child enrolling)

| | | | |
|------------------------------|---|----------------------------------|---|
| Child ID | <input type="text"/> | Medicaid # | <input type="text"/> |
| Name | First Name <input type="text"/> | Middle Name <input type="text"/> | Last Name <input type="text"/> |
| Primary Caregiver Relation | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Other female <input type="checkbox"/> other male | | |
| Birth Date | <input type="text"/> | Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Immunizations Current as of: | <input type="text"/> | Social Security # | <input type="text"/> |
| Home Visitor | <input type="text"/> | | |
| HIPPY Curriculum Year | <input type="checkbox"/> H4LL <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 | | |
| Current Childcare | <input type="checkbox"/> Home Based <input type="checkbox"/> Center Based <input type="checkbox"/> Relative/Significant Other <input type="checkbox"/> Other <input type="checkbox"/> N/A | Current Education Status | <input type="checkbox"/> Head Start <input type="checkbox"/> Kindergarten <input type="checkbox"/> Parents as Teachers <input type="checkbox"/> Pre-Kindergarten <input type="checkbox"/> N/A |
| Primary Language | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other | | |
| Secondary Language | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other | | |
| Ethnicity | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | |
| Race | <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Multiracial <input type="checkbox"/> N. Hawaiian or other Pacific I. <input type="checkbox"/> White | | |
| Referral Source | <input type="checkbox"/> Doctor/ Health Clinic <input type="checkbox"/> Friend/ Family <input type="checkbox"/> Local Matching System <input type="checkbox"/> Returning Parent <input type="checkbox"/> School District <input type="checkbox"/> Social Service Organization <input type="checkbox"/> Staff Recruitment <input type="checkbox"/> Transfer from another HIPPY Site <input type="checkbox"/> WIC <input type="checkbox"/> Other | | |
| Enroll Date | <input type="text"/> | *MIECHV Target child | <div style="border: 1px solid black; padding: 5px;"> Only mark child as MIECHV Target child in VT if the guardian's fund code is set to MIECHV and signed the THV consent </div> |
| Exit Date | <input type="text"/> | | |



CHILD HEALTH INFORMATION

At enrollment, does this child have a diagnosed developmental delay, disability, or medical condition? YES NO

If Yes, is this a developmental delay? YES NO

If Yes, is/was the child already receiving services related to the delay or disability upon enrollment? YES NO

If Yes, please provide source:

Child Currently Receiving

| | | |
|--|---|---|
| <input type="checkbox"/> Reg. Health Care | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Hearing Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Vision Therapy | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Behavioral Health Therapy | | |

If Yes, is the child receiving Early Childhood Intervention (ECI) services due to a developmental delay? YES NO

If Yes, please provide source:

Has the child been evaluated for an Autism Spectrum Disorder? YES NO

Has the child been diagnosed with an Autism Spectrum Disorder? YES NO

| | | | |
|-----------------------|---|--|-----------------------------------|
| Health Insurance Type | <input type="checkbox"/> No Insurance | <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Medicaid |
| | <input type="checkbox"/> State Children's Health Program (CHIP) / State Insurance | | |
| | <input type="checkbox"/> Tri-Care / Military | <input type="checkbox"/> Other | |

| | |
|-------------|---|
| Dental Care | Does child have usual source of dental care? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------|---|

| | | | |
|--------------|--|--|--|
| Medical Care | Indicate the child's usual source of medical care: | | |
| | <input type="checkbox"/> Doctor's/Nurse Practitioners Office | <input type="checkbox"/> Federal qualified health center | <input type="checkbox"/> Hospital emergency room |
| | <input type="checkbox"/> Hospital Outpatient | <input type="checkbox"/> Retail store or minute clinic | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> None | | |

| | |
|---------------------|--|
| Literacy Activities | In a typical week, how many days does the primary caregiver, or a family member do <u>any</u> of the following: Read; tell stories and/or sing songs with the child? days per week |
|---------------------|--|

**Staff Completing application:
For office use only:
Coordinator's signature:**

Interested in teaching your child?

Please fill out this form and learn how you can become your child's first teacher. Please note this form does not guarantee placement in program. The form helps Program identify families whom are interested.

2020 - 2021

Name of Guardian: _____ .

Name of Child: _____ .

Child's Date of Birth: _____ Age of the child 3 4 .

Address: _____ .

Contact Number: _____ .

Email: _____ .

Ethnicity: _____ . Materials Preference: English Spanish

Have you had a child enrolled in HIPPY? Yes No How long ago? _____

Best day of the week for a home/virtual visit?

TUES WED THURS FRI

Best time for a home/virtual visit? _____ .

Name and ages of other children enrolled in school:

| Name of Child | Age of Child | Name of School |
|---------------|--------------|----------------|
| | | |
| | | |
| | | |

FOR HIPPY OFFICE USE ONLY:

Pre-K/ Elementary School: _____ .

Staff Member: _____ .

Date Received: _____ . Recruitment Location: _____ .

Referred by: _____ .

Yr.1 Yr. 2

2020-2021

Family Participation Agreement in the HIPPY Program

As a parent I agree to participate in classes given by Irving ISD for parents with children of pre-school age at home with my son / daughter _____. I understand that HIPPY is a commitment for one year. I agree to participate in all activities of HIPPY whenever possible. These activities include:

- 1.** Meet virtually with the HIPPY instructor on a weekly/biweekly basis at a time that is convenient for both. During the home visit, we will review the lesson from the previous week and role play the new HIPPY instructional lesson. I also agree that the HIPPY coordinator/specialist will occasionally observe the instruction. Once home visits begin, a change of home instructors will not be granted without approval from the Coordinator.
- 2.** I agree to provide a quiet area. My instructor and I will plan activities for my child and we will strive to work with few interruptions. It is my responsibility to have activities available for any children present at the time of the virtual visit.
- 3.** I agree to contact my instructor as soon as possible if I am unable to meet on our scheduled appointment. I understand that if I cannot have an appointment that week, I will have to reschedule for the following week at the same time.
- 4.** If I have a question regarding the curriculum, I agree to contact my instructor during normal school hours (8:00 AM to 5:00 PM; Monday to Friday).
- 5.** I agree to attend 90% of the virtual parent meetings/field trips to be held monthly/bimonthly. If I am unable to attend, I will contact my instructor and the coordinator to excuse my absence. Lack of attendance to the monthly meetings will endanger my participation in the HIPPY program.
- 6.** I agree to complete all the homework activities and learning experiments that are included in the materials assigned by my instructor and I understand that all assignments are due during the next visit.
- 7.** Curriculum drop off will be conducted once a month. I agree to not work ahead and follow the curriculum schedule as set by my home instructor.
- 8.** I understand that the program will not replace any HIPPY curriculum, supplies, HIPPY shapes, or books that were assigned to me and were lost or damaged.

2020-2021

9. I understand that the program is free for the qualifying families, however the cost that the School District invests per child and family to participate in the program is approximately \$2,000.00. If I am not able to commit to all program requirements, I need to let the instructor and the coordinator know during the enrollment process or as soon as possible to give the opportunity to another family on the waiting list to participate in the program

10. If I have any questions or concerns, it is my responsibility to get in contact immediately with the HIPPY Program administrators Ernesto Mendizabal at 972-600-6120 or Claudia Marquez at 972-600-6121

Name of the Parent: _____

Signature of the Parent: _____

Date: _____

Name of the Instructor: _____

HIPPY
Coordinator/Specialist: _____



Parent Involvement Interview

(adapted from the National Research and Evaluation Center for HIPPY USA)

| | |
|-----------------|--|
| Date Completed: | Home Instructor: |
| Parent Name: | Beginning of Program Year Survey Date Completed: 2020 |
| Child Name: | End of Program Year Survey Date Completed: 2021 |

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How many times have you or someone in your family read to your child in the past week? | Not at all | Once or Twice | 3 or more times | Every day |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|-------------------------------------|
| 2. About how many minutes each day did you or someone in your family read to him/her? (If the time varies, please answer the average time per day) | Write the number of minutes: |
|---|-------------------------------------|

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. When you or someone in your family reads to child, how often do you... | Usually | Sometimes | Never | Don't know |
| a. Stop reading and ask your child to tell you what is in a picture? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Stop reading and point out letters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ask your child to read with you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talk about the story when the book is done? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. In a typical week, how often do you (or any other adult family member) do the following activities with your child? | Not at all | Once or twice | 3 to 6 times | Every day | Don't know |
| a. Read books to your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sing songs with your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tell stories to your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. In the past month, how often did you do the following things with your child? | Not at all | Once or twice | 3 to 6 times | Every day | Don't know |
| a. Taught your child letters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Taught your child words? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Taught your child numbers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do activities to help your child learn shapes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do activities with your child that involves making patterns (for example, using beads or blocks to demonstrate a pattern of red-blue-red-blue)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 5 (cont.). In the past month, how often did you do the following things with your child? | Not at all | Once or twice | 3 to 6 times | Every day | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| f. Played games with your child that involve arranging objects by size, height, or color (for example, arranging cups from smallest to largest)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Did counting activities with your child? (for example, counting different things, singing counting songs)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Played together with toys for building things like blocks, Tinker toys, Lincoln Logs, or LEGOS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Played a board game, card game, or work a puzzle with your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Played games that use cards, pieces, or dice with numbers 0 – 9? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Did arts and crafts with your child such as coloring, painting, pasting, or using clay? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Talked about nature, scientific discoveries or did a science project with your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Involved your child in household chores like cooking, cleaning, setting the table, or caring for pets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Taken your child with you to a religious service or religious event? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Talked with your child about his/her family history or ethnic heritage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Played sports, active games, or exercised together? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Taken your child outside for a walk or to play in the yard, a park, or a playground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 6. In the past three months how often did you do the following things with your child? | Not at all | Once or twice | 3 to 6 times | Every day | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Visited a library? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Visited a bookstore? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Gone to a play, concert, or other live show? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Question 7 to be completed at the end of program year **ONLY**.

| 7. Check the best response for each item listed below. | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I read to my child more NOW than BEFORE participating in HIPPIY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I talk with my child more NOW than BEFORE participating in HIPPIY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Healthy and Ready To Learn Pre-Assessment for TEXAS HIPPY

To be completed by HIPPY Site or Home Visitor:

Family ID: _____ HIPPY Program Site: 1212A

Child ID: _____ HV ID: _____

To be completed by Parent:

Today's Date: _____

Please respond to each question by placing a check mark (✓) in the answer box that corresponds with your desired response. Please make only one mark for each item. If you are uncertain which response to select, please choose the response that comes closest.

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Is your child able to understand the meaning of "in," "on," and "under"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child repeat or sing rhymes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your child able to ask questions that start with "who," "what," "where," "when"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your child able to ask questions that start with "why" and "how"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can your child sort objects by color? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can your child sort objects by shape? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Can your child sort objects by size? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Can your child sort objects by length? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If you have four objects, can your child divide them in half so that you have two and they have two? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Can your child show you with their fingers how old they are? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Can your child read one-digit numbers like 4 or 7? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Can your child identify a square? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Can your child identify a circle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Can your child identify a triangle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. If shown two balls, can your child point to the larger ball? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Can your child consistently write his or her first name, even if some of the letters aren't quite right or are backwards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Can your child draw a circle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Can your child draw a triangle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Can your child draw a square? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Can your child feed him or herself with a spoon with little spilling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Can your child make a tower of three or more blocks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Can your child open doors by turning a doorknob or handle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Can your child draw a face with eyes and mouth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Can your child draw a person with arms and legs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. When using a pencil, can your child hold it with his or her fingers (not in a fist)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Can your child climb stairs with one foot on each stair? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Can your child jump forward at least six inches? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Can your child throw a ball overhand? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Can your child catch a large ball with both hands? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Can your child stand on one foot for at least 5 seconds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Can your child kick a ball? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Can your child bounce a ball for several seconds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Can your child recognize and name emotions in themselves? | <input type="checkbox"/> | <input type="checkbox"/> |

| | Child cannot count | 5 | 10 | 15 | 20 | 30 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 34. How high can your child count correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. If asked to count objects, how high could your child count correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | None of them | Some of them | Half of them | Most of them | All of them |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 36. How many letters of the alphabet can your child recognize? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | None of the Time | Some of the Time | Half of the Time | Most of the Time | All of the Time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 37. How often does your child recognize the beginning sound of a word? For example, the word "ball" starts with the "buh" sound? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. When you say a word, how often can your child come up with another word that starts with the same sound? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. If you say the word "cat," how often can your child tell you a word that rhymes with the same sound? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. How often can your child explain things they have seen or done so that you understand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. How often can your child correctly add two numbers, like 2 plus 3? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. How often can your child correctly subtract two numbers, like 5 take away 2? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. How often does your child demonstrate an interest in books by choosing a children's book and turning pages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. How often does your child show concern when they see others are hurt or unhappy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. How often does your child play well with others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. How often does your child physically fight with other children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. How often does your child hit, kick, or bite other children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How often does your child lose their temper? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. How often does your child get distracted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. When necessary, how often does your child listen to adults? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. How often does your child have trouble waiting for a turn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. How often does your child take turns during games or fun activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. How often does your child keep working at a task after setbacks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. How often does your child keep working at a task when things don't work out? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. How often does your child have trouble calming down? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Does your child bounce back easily when things do not go his/her way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. How often does your child have difficulty when moving between one activity and a new one? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No difficulty | Very little difficulty | Some difficulty | Much difficulty | Extreme difficulty |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 58. How much difficulty does your child have making or keeping friends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Poor | Fair | Good | Very Good | Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 59. In general, how would you describe your child's health? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. How would you describe the condition of your child's teeth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Daily Activities Consistently Affected | Often a Great Deal | Daily Activities Moderately Affected | Some of the Time | Does Not Have Any conditions |
|--|--|--------------------------|--------------------------------------|--------------------------|------------------------------|
| 61. To what extent to your child's health conditions or problems affect his or her ability to do things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. During the past 12 months, how often has your child's health conditions or problems affected his or her ability to do things other children his or her age do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for completing all questions. Please insert this form in the provided envelope and place it in any U.S. Postbox.

The Migrant Education Program is authorized by Title 1, Part C of the Elementary and Secondary Education Act (ESEA). Region 10 ESC, together with the school districts, provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, school supplies, homework tools, and clothing/school uniforms, free lunch eligibility, summer programs, parent involvement activities, emergency needs and referrals to other services, as needed. A representative from Region 10 may contact you for further information if needed.

El Programa de Educación de Migrantes está autorizado por el Título 1 de la parte C de la Ley de Educación Primaria y Secundaria (ESEA). La Región 10 ESC, junto con su distrito escolar proporciona una variedad de servicios educativos a las familias que trabajan en la agricultura, sin importar su nacionalidad o estatus legal. Este programa es gratis para todas las familias que son elegibles y puede incluir tutoría, útiles escolares, herramientas para tareas y uniformes escolares, elegibilidad de almuerzo gratis, viajes educativos, programas de verano, actividades para padres, referencias para emergencias y otros servicios como sean necesarios. Un representante de la Región 10 se comunicará con usted si se necesita más información.

District (*Distrito*): _____ School (*Escuela*): _____ Grade (*Grado*): _____ Age (*Edad*): _____

Name of Student (*Nombre del estudiante*): _____

1. In the past three years, has your family lived in another Texas city or school district, another state, and/or other country?

- YES (If the answer is YES, continue with #2)
- NO (If the answer is NO, stop here)

2. In the past three years, has anyone in your household had a job working with any of these activities, described below (not including those on your own property) on a farm, in a field, in a greenhouse, in a nursery, fishing farm, or in a meat processing plant?

If not, stop here. If yes, please check all that apply below and fill out the information requested at the bottom of this form.

1. ¿En los tres años pasados, ha vivido su familia en otra ciudad, otro distrito escolar en Texas, en otro estado, o en otro país?

- SI (Si contesta SI, siga al #2)
- NO (Si contesta NO, pare aquí)

2. ¿En los tres años pasados, ha trabajado alguien en su familia en cualquiera de las actividades descritas abajo (sin incluir esas en su propiedad), en una granja, en el campo, en un invernadero, en un vivero, en la pesca, o en una planta procesadora de carne? Si contesta NO, pare aquí. Si contesta SI, Por favor seleccione con este símbolo (v) la caja de todo lo que aplica y llene la información al pie de este formulario.



Planting/picking fruits, vegetables, nuts, corn, beans, cotton, tobacco, hay, etc.
Sembrando/Cosechando frutas, verduras, nueces, maíz, trigo, frijol, algodón, tabaco, etc.



Working in a fishery/fish farm
Trabajando en la pesca y granja/finca de pescado



Working in a nursery, orchard, tree and grass farm
Trabajando en un vivero de flores, arboles y grama/zacate



Canning fruits and vegetables
Enlatando frutas o verduras



Working in a slaughter house or meat processing plant
Trabajando en un matadero/planta procesadora de carne y/o polleras



Taking care of animals on a farm/ranch. Building/repairing fences
Trabajando en ranchos, cuidando animales. Construyendo cercas



Working on a dairy farm, cattle/horses' ranch
Trabajando en una lechería, rancho de ganado y caballos granja de puercos



Working on a poultry farm,
Trabajando en granjas de gallinas o de pavos



Preparing the land. Hoeing cotton, peanuts, beets
Preparando la tierra, trabando con/en el azadón

Parent/ Guardian Name (*Nombre del padre/tutor*): _____

Home Address (*Dirección*): _____

City (*Ciudad*): _____ Zip Code (*Código Postal*): _____

Mailing Address (*Dirección permanente*): _____

City (*Ciudad*): _____ Zip Code (*Código Postal*): _____

Home phone (*Teléfono de casa*): _____ Cell/Work (*Celular /Trabajo*): _____

Best time to contact you (*Mejor hora para contactarle*): _____ AM PM

Please list all children in the household less than 22 years of age (*Por favor escriba los nombres de todos los niños menores de 22 años en la casa*): _____, _____, _____

_____, _____, _____

DISTRICT USE ONLY

School personnel, please follow district guidelines regarding surveys. Program contacts, please fax surveys with a "YES" response to Region 10 ESC at (972) 348-1413



FIELD TRIP AND EXTRACURRICULAR TRAVEL RELEASE



As the parent/guardian of _____, I hereby grant consent for him or her to participate in teacher- and principal-approved field trips during the 2020 -2021 school year.

It is my understanding that the school will advise me by written or oral notification of the nature, date, and time of each trip or activity in sufficient time to enable me to communicate any withdrawal of consent for the specific trip or activity.

I further understand that the school, at its sole discretion and for the compelling interest of protecting the safety of all participants, may prohibit my child from participating in a specific trip or activity. In the alternative, I understand that the school, at its sole discretion and for the compelling interest of protecting the safety of all participants, may require me to chaperone my student on a specific trip or activity. If I am unable to attend the specific trip or activity, I understand that it will be at the sole discretion of the campus principal to determine whether my child will or will not attend the scheduled trip or activity.

I understand that according to Chapter 101, Tex. Civ. Prac. & Rem. Code, the Texas Tort Claims Act, and Section 22.051 of the Texas Education Code, Irving Independent School District will be held harmless from any damages or claims that might arise from injuries out of any act or omission on the part of the District as a result of such trip or activity, other than negligence in the operation of a motor vehicle or use of excessive force in the administration of discipline.

Parent/Guardian's signature

Date

AUTHORIZATION FOR TREATMENT

As the parent/guardian of the above named student, I hereby give authorization to the staff to take my child to an emergency room of the nearest hospital should, for any reason, my child requires medical or surgical treatment and/or medication while participating in an approved field trip activity. I further authorize the hospital and its medical staff to administer treatment as deemed necessary for the well-being of my child.

I understand that staff will make attempts to notify me in all medical emergencies, and I will be contacted, if possible, for my permission if hospitalization or treatment of a serious nature is required.

I have read and understand the above and I freely give my consent and permission of all things contained herein.

Parent/Guardian's signature

Date

Field Trip / Picture Use Agreements

I, _____ agree to take participate in regular/virtual field trips, which will be offered on a periodic basis. I realize that it is my responsibility to take my child/log in virtually on field trips and monitor his/her activity during the entire trip. I release the HIPPY Program from any and all liability in connection with my family's participation in HIPPY.

I, _____ hereby give my permission to the Irving ISD HIPPY Program to use my picture and/or name on behalf of Irving ISD HIPPY in posters, brochures, newsletters, photos, press releases, social media or other materials to illustrate or help the Irving ISD HIPPY Program.

Guardian Signature

Witness/Staff Member

Date

Texas Education Agency/Agencia de Educación de Texas
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal
de las Escuelas Públicas de Texas

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. United States Federal Register (71 FR 44866)

Part 1. Ethnicity:

Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race:

What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff name (please print)

(Parent/Guardian)/(Staff) signature

Student/Staff Identification number

Date

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad:

¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino** - Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

Parte 2. Raza:

¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** - Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** - Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o África-Americano** - Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** - Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** - Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante / Miembro de Personal (por favor use letra de imprenta)

Firma (Padre/Representante legal)/(Miembro de personal)

Número de Identificación del Estudiante / Miembro del personal

Fecha

This space reserved for local school observer — upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

- Hispanic/Latino
- Not Hispanic/Latino

Race – choose one or more:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Observer signature

Campus

Date

Texas Education Agency – March 2010

This space reserved for local school observer — upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

- Hispanic/Latino
- Not Hispanic/Latino

Race – choose one or more:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Observer signature

Campus

Date

Texas Education Agency – March 2010

| | | |
|-----------------------------|---|--|
| For Office Use Only: | Irving Independent School District Enrollment Record | For Office Use Only: |
| CAMPUS: _____ | | Entry Date: _____ |
| Student ID Number: _____ | | Check Entry: _____ |
| Teacher/Homeroom: _____ | | <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/> R |
| | Today's Date (Fecha de Hoy): _____ | Last County-Dist Loc: _____ |

PARENTS: PLEASE COMPLETE BOTH SIDES. PADRES DE FAMILIA: FAVOR DE COMPLETAR AMBOS LADOS

Returning IISD Students Only (*Estudiantes regresando al IISD*)

1. Has your address or phone changed? *¿Ha cambiado su domicilio o número telefónico?* Yes (Sí) No (No)

2. Do you wish to make changes on last year's Ethnicity/Race Data Questionnaire? *¿Quiere cambiar el cuestionario de raciales y de etnicidad del año pasado?* Yes (Sí) No (No)

New IISD Students - Complete *Ethnicity and Race Data Questionnaire* and if first time in Texas schools, complete the *Home Language Survey* (Main Office) Complete *el cuestionario de raciales y de etnicidad y si esta es su primera vez de estar inscrito(a) en una escuela de Texas, complete la encuesta sobre el idioma que se habla en casa (Oficina principal).*

STUDENT NAME (LEGAL): _____

Nombre Del Estudiante: Last Name (Apellido) First Name (Nombre) Middle Name (Segundo Nombre)

Nickname/Generation Code: _____ SEX: Male Female GRADE: _____

Apodo / Código de Generación (Jr., II, III, etc.): _____ Sexo Grado

DATE OF BIRTH: _____ BIRTH COUNTRY: _____ AGE as of Sept 1st: _____

Fecha De Nacimiento Month/Day/Year mes/día/año País de Nacimiento Edad desde el primero de septiembre

SOCIAL SECURITY # (Número De Seguro Social): _____ (Copy Required /copia requerida)

STUDENT RESIDES WITH: Father/Stepfather Mother/Stepmother Legal Guardian Other [i.e. Foster or Group Home]

El Estudiante vive con: Circle/Circule Padre/Padrastro Madre/Madrastra Guardián Legal Otro [ejemplo: Hogar de Adopción o Grupo]

STUDENT'S ADDRESS: _____

Dirección Del Estudiante: Address (Dirección) Apartment Name and # (Nombre y Número Del Apartamento)

City: _____ Zip: _____ Home Phone #: _____

Ciudad: Zona Postal: Numero Telefónico:

PARENT/GUARDIAN NAME: _____ # _____

Padre/Nombre del Guardián: First (Nombre) Last (Apellido) # In case of Emergency (Número de Emergencia)

EMPLOYER: _____ WORK # _____ EXT. _____

Empleador: Número del Trabajo Extensión

DL/I.D. #: _____ CELL PHONE #: _____

Número de licencia de manejar/Número de identificación Teléfono Celular

EMAIL (Correo Electrónico): _____

APPLICABLE COURT ORDER- Copy required (*orden judicial aplicable-copia requerida*) Yes (Si) No (No)

PARENT/GUARDIAN NAME: _____ # _____

Padre/Nombre del Guardián: First (Nombre) Last (Apellido) # In case of Emergency (Número de Emergencia)

RELATIONSHIP: Father/Stepfather Mother/Stepmother Legal Guardian Other [i.e. Foster or Group Home]

(Relación) Circle/Circule Padre/Padrastro Madre/Madrastra Guardián Legal Otro [ejemplo: Hogar de Adopción o Grupo]

ADDRESS: _____

Dirección: Apt. # (Número Del Apartamento) City (Ciudad) Zip (Zona Postal)

EMPLOYER: _____ WORK # _____ EXT. _____

Empleador: Número del Trabajo Extensión

DL/I.D. #: _____ CELL PHONE #: _____

Número de licencia de manejar/Número de identificación Teléfono Celular

EMAIL (Correo Electrónico): _____

LAST SCHOOL/DISTRICT ATTENDED: _____ DATE: _____ GRADE(S): _____

Última Escuela/Distrito Escolar Al Que Asistió: Fecha Grado(s)

ADDRESS: _____ SCHOOL PHONE#: _____

Dirección: City (Ciudad) State (Estado) Zip (Zona Postal) Número de la Escuela

PREVIOUSLY ATTENDED SCHOOL IN IRVING? Yes No SCHOOL: _____ GRADE(S): _____

¿Asistió Previamente A Una Escuela En Irving? Sí No Escuela Grado(s)

HAS STUDENT EVER RECEIVED ANY OF THE FOLLOWING SPECIAL SERVICES? Indicate Grade(s). *¿Ha Recibido Alguna Vez Cualquiera De Los Sigüentes Servicios Especiales? Indique En Que Grado(s)*

| | |
|--|---------------------------------------|
| SPECIAL EDUCATION/SPEECH (<i>Educación Especial/Dicción</i>) | DYSLEXIA (<i>Dislexia</i>) |
| GIFTED & TALENTED (<i>Dotados y Talentosos</i>) | ESL (<i>ESL</i>) |
| READING RECOVERY (<i>Descubriendo la Lectura (DLL)</i>) | 504 SERVICES (<i>Servicios 504</i>) |
| | BILINGUAL (<i>Bilingüe</i>) |
| | OTHER (<i>otro</i>) |

OTHER CONTACTS IN CASE OF EMERGENCY: *Otras Personas En Caso De Emergencia:*

Contact #1: NAME: _____ RELATION _____ PHONE # _____
Nombre Del Contacto Relación Teléfono
Contact #2: NAME: _____ RELATION _____ PHONE # _____
Nombre Del Contacto Relación Teléfono

PHYSICIAN'S NAME: _____ PREFERRED HOSPITAL: _____
Nombre del Doctor Hospital Preferido

STUDENT HAS MEDICAL INSURANCE? *¿Tiene Seguridad Médica?* Yes (Sí) No (No)

I HEREBY AUTHORIZE THE SCHOOL TO ADMINISTER FIRST AID AND TRANSPORTATION IN CASE OF EMERGENCY. *Por medio De La Presente Yo Autorizo A La Escuela A Administrar Primeros Auxilios Y Transportación En Caso De Emergencia.*

PARENT/GUARDIAN SIGNATURE: _____
Firma Del Padre/Guardián

IF PROOF OF RESIDENCY IS IN SOMEONE ELSE'S NAME, MUST COMPLETE RESIDENCY AFFIDAVIT FORM

(Si el Comprobante de Domicilio Está A Nombre De Otra Persona Debe de Completar la Declaración Jurada)

Proof of Residency Provided? Yes No Lease Utility Bill Other
¿Comprobante de domicilio? Sí No Contrato de Renta Factura de electricidad, agua o gas Otro

AFTER SCHOOL/DAY CARE PROGRAM: _____ PHONE: _____
Guardería Después De La Escuela Teléfono

ISD may release attendance information to Day Care *(El distrito escolar podrá dispensar información a los Centros de Cuido de Niños:* Yes (Si) No

SCHOOL COMMUNICATIONS LANGUAGE PREFERENCE: ENGLISH (Inglés) SPANISH (Español)
(El Lenguaje Preferido para Comunicaciones de la Escuela):

Please list below the names and ages of all children in your household under the age of 18 years.

Por favor escriba abajo los nombres y las edades de todos los niños menores de 18 años en su casa.

| Last Name <i>Apellido</i> | First Name <i>Nombre</i> | Birth Date Mm/dd/yyyy <i>Fecha de Nacimiento</i> | Sex <i>Sexo</i> | Grade <i>Grado</i> | School Attending <i>Escuela A La Que Asisten</i> |
|------------------------------|-----------------------------|--|--------------------|-----------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Any person who presents a false document or knowingly falsifies records or information on a form in connection with a student's enrollment:

- Commits a criminal offense and is subject to prosecution under Penal Code 37.10 (Tampering with Governmental Records) and may be punishable by a fine and/or imprisonment.
- Is liable, to the District, for the period during which the ineligible student is enrolled, for the greater of
 - (1) Maximum tuition fee the district may charge under 25.038, Texas Education Code;
 - (2) The amount the district thus budgeted for each student as maintenance and operation expenses.
- The District may withdraw any student who has enrolled without establishing a residence or who ceases to maintain a residence within the District.

My signature below confirms I have read and understand the above information and accept the responsibility for any false information concerning the enrollment of the student.

PARENT /GUARDIAN SIGNATURE: _____ **DATE OF BIRTH** _____

Cualquier persona que a sabiendas presente documentos falsos o falsifique registros en una forma o información en relación con la inscripción de un alumno(a):

- *Comete un delito criminal y está sujeto a juicio bajo la sección 37.10 (manipulación de registros gubernamentales) y puede ser sancionado(a) con una multa o de prisión.*
- *Es responsable ante el distrito durante el periodo en que el/la estudiante inelegible es inscrito(a), por el mayor de los siguientes:*
 - (1) *La colegiatura máxima que el distrito puede cobrar bajo la sección 25.038 del Código de Educación de Texas;*
 - (2) *La cantidad que el distrito ha presupuestado por cada estudiante como gastos de operación y mantenimiento.*
- *El Distrito puede dar de baja a cualquier estudiante que se ha inscrito(a) sin haber establecido una residencia o que ha dejado vivir dentro del distrito.*

Mi firma en la parte de abajo confirma que he leído y comprendido la información en la parte de arriba y QUE acepto la responsabilidad por cualquier información falsa referente a la inscripción del estudiante.

FIRMA DEL PADRE / Tutor Legal: _____ **Fecha de Nacimiento** _____

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Irving Independent School District (herein referred to as IISD), with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, IISD may disclose appropriately designated "directory information" without written consent, unless you have advised IISD to the contrary in accordance with IISD's procedures. The primary purpose of directory information is to allow IISD to include information from your child's education records in certain school publications. Examples include:

- Yearbook
- Campus/District Websites
- Honor Rolls
- Other Recognition Lists
- Athletics and Fine Arts Programs

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965, as amended (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised IISD that they do not want their student's information disclosed without their prior written consent.

If you do not want IISD to disclose any or all of the types of information designated below as directory information from your child's education records without your prior written consent, you must notify the IISD within ten (10) days of enrolling your student. IISD has designated the following information as directory information:

SCHOOL-SPONSORED PURPOSES:

- Student's name
- Address
- Telephone number
- Photograph
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Grade level
- Enrollment status
- Honors/awards received in school

ALL OTHER PURPOSES:

- Student name
- Enrollment/withdrawal dates
- Campus enrollment
- Grade level
- Graduation status

Ley de Privacidad y Derechos Educativos Familiar (FERPA)

La Ley de Privacidad y Derechos Educativos Familiar (FERPA), una ley federal, requiere que el Distrito Escolar Independiente de Irving, con ciertas excepciones, obtenga su consentimiento por escrito antes de la divulgación de información de identificación personal del expediente educativo de su hijo(a). Sin embargo, el Distrito Escolar de Irving puede divulgar apropiadamente designada "información del directorio" sin el consentimiento por escrito, a menos que usted haya avisado al Distrito Escolar de Irving por el contrario, de acuerdo con los procedimientos del Distrito Escolar de Irving. El propósito principal de la información del directorio es permitir al Distrito Escolar de Irving de incluir información del expediente educativo de su hijo(a) en ciertas publicaciones escolares. Ejemplos incluyen:

- Anuario
- Sitios web del Campus/Distrito
- Listas de Honor
- Otras Listas de Reconocimiento
- Programas de Atletismo y de Artes Bellas

La información del directorio, que es información que generalmente no se considera dañina o una invasión de la privacidad, también puede ser divulgada a organizaciones externas sin el consentimiento previo por escrito de los padres. Las organizaciones externas incluyen, pero no se limitan a, compañías que fabrican anillos de graduación o publican anuarios. Además, dos leyes federales requieren que las agencias locales de educación (LEA) que reciben asistencia bajo la Ley de Educación Primaria y Secundaria de 1965, modificada (ESEA) para proporcionar a los reclutadores militares, previa solicitud, con la siguiente información - nombres, direcciones y números de teléfono - a no ser que los padres hayan solicitado al Distrito Escolar de Irving que no quieren que la información de su hijo(a) sea divulgada sin su consentimiento previo por escrito.

Si no desea que el Distrito Escolar de Irving revele cualquier o todos los tipos de información designados a continuación como información de los expedientes educativos de su hijo(a) sin su previo consentimiento por escrito, usted debe notificar al Distrito Escolar de Irving dentro de los diez (10) días de la inscripción de su estudiante. El Distrito Escolar de Irving ha designado la siguiente información como información del directorio:

PROPÓSITOS PATROCINADOS POR LA ESCUELA:

- El nombre del estudiante
- Dirección
- Número de teléfono
- Fotografía
- Participación en actividades y deportes oficialmente reconocidos
- Peso y altura de miembros de equipos deportivos
- Nivel de Grado
- Estado de inscripción
- Honores/premios recibidos en la escuela

CUALQUIER OTRO PROPÓSITO:

- Nombre del estudiante
- Fechas de inscripción y retiro
- La inscripción del Campus
- Nivel de Grado
- Estado de la graduación

Student Name (printed) / Nombre del Estudiante (en letra de molde)

Student ID# / ID# del Estudiante: _____ Grade / Grado: _____ School / Escuela: _____

If you are a returning student, do you want to make a change to your previously filed privacy options?

Si usted es un estudiante que regresa al distrito, ¿quiere hacer un cambio en las opciones de privacidad presentadas anteriormente?

- YES - I want to make a change (complete below options) / *SÍ – QUIERO HACER UN CAMBIO (completa las opciones a continuación)*
- NO - Keep previously selected options (go no further) / *NO – Mantener las opciones seleccionadas anteriormente (no es necesario continuar con el formulario)*

PLEASE SELECT AN OPTION FOR YOUR STUDENT.

I agree to allow Irving ISD to release information on my student for the following purposes:

DIRECTORY INFORMATION FOR SCHOOL-SPONSORED PURPOSES

(Examples: yearbook, campus/district websites, honor rolls and other recognition lists, and athletics and fine arts programs, etc.)

- YES - I agree my student's information may be released for school-sponsored purposes.
- NO - MAKE IT PRIVATE (protect my student's information) (This means your student will not be included in yearbook, class pictures, etc.).

DIRECTORY INFORMATION FOR ALL OTHER PURPOSES

(Examples: outside party or vendor such as restaurants, tutoring organizations, etc.)

- YES - I agree my student's information may be released for all other purposes.
- NO - MAKE IT PRIVATE (protect my student's information).

STUDENT WORK

(Examples: essays, student literature, student-created artwork and photography, etc.)

- YES - I agree my student's work may be displayed and/or published by IISD.
- NO - MAKE IT PRIVATE (protect my student's work).

MILITARY RECRUITERS

(Requests from the US Military branches for name, grade, and contact information)

- YES - I agree my student's information may be release to military recruiters.
- NO - MAKE IT PRIVATE (protect my student's information).

HIGHER EDUCATION

(Requests from universities or colleges for name, grade, and contact information)

- YES - I agree my student's information may be release to institutions of higher education.
- NO - MAKE IT PRIVATE (protect my student's information).

SELECCIONE UNA OPCIÓN PARA SU HIJO(A).

Estoy de acuerdo en permitir que el Distrito Escolar de Irving libere información sobre mi hijo(a) para los siguientes propósitos:

INFORMACIÓN DEL DIRECTORIO PARA PROPÓSITOS AUSPICIADAS DE LA ESCUELA

(Ejemplo: anuario, sitios web del distrito/campus, listas de honor y otras listas de reconocimiento, y el atletismo y programas de artes bellas, etc.)

- SÍ – Estoy de acuerdo que la información de mi hijo(a) puede ser liberada con fines patrocinados por la escuela.
- NO – MANTENLA EN PRIVADO - protege la información de mi hijo(a) (Si se selecciona NO, recibirá una ADVERTENCIA: ¿Está seguro? Esto significa que su hijo(a) no será incluido en el Anuario o en Imágenes de Clase, etc.).

INFORMACIÓN DEL DIRECTORIO PARA CUALQUIER OTRO PROPÓSITO

(Ejemplo: interlocutor externo o un vendedor, tales como restaurantes, organizaciones de tutoría, etc.)

- SÍ – Estoy de acuerdo que la información de mi hijo(a) puede ser liberada para cualquier otro propósito.
- NO – MANTENLA EN PRIVADO - protege la información de mi hijo(a).

OBRAS ESTUDIANTIL

(Ejemplo: ensayos, literatura estudiantil, estudiante creado obras de arte y de fotografía, etc.)

- SÍ – Estoy de acuerdo que el trabajo de mi hijo(a) puede ser representado y/o publicado por el Distrito Escolar de Irving.
- NO – MANTENLA EN PRIVADO - protege las obras de mi hijo(a).

LOS RECLUTADORES MILITARES

(Solicitudes de las ramas militares de los EEUU para el nombre, grado, y la información de contacto)

- SÍ – Estoy de acuerdo que la información de mi hijo(a) puede ser liberado a los reclutadores militares.
- NO – MANTENLA EN PRIVADO - protege la información de mi hijo(a).

LA EDUCACIÓN SUPERIOR

(Las solicitudes de universidades o colegios para el nombre, grado, y la información de contacto)

- SÍ – Estoy de acuerdo que la información de mi hijo(a) puede ser liberada a las instituciones de la educación superior.
- NO – MANTENLA EN PRIVADO - protege la información de mi hijo(a).

Parent/Guardian Name (printed) / Nombre de Padre/Tutor Legal (en letra de molde)

Parent/Guardian Signature / Firma de Padre/Tutor Legal

Date / Fecha