



Student Needs Survey
(McKinney Vento- Homeless Education Act)

Student Name:	School:	Date:
Date of Birth:	Grade:	Contact Phone Number:
Parent/Guardian:		
Current Address:		
Name of any siblings enrolled in LUSD:		

- Is the student (still) living in a temporary/transitional-housing situation?
 - Yes No
 - If no, please indicate the date of the housing change: _____
 - If yes, please indicate which of the following still applies:
 - Living in a Temporary Shelter (homeless shelter or Children’s Emergency Shelter)
 - Living in a Hotel or Motel
 - Living in a Temporary Doubled-Up housing situation due to loss of housing, economic hardship or similar reason
 - Living in a Temporary Unsheltered situation (vehicles, trailer, tent or campground)
 - Foster student living in a Foster Family Home (in Foster Care System)
 - Foster student living in a Licensed Children’s Institution

- If the student is in need of any of the following services or referrals, please indicate below.
 - Tutoring/Mentoring for Academics Assistance with School Attendance
 - Assistance with School Programs (P.E. Clothes, Field Trips, School Supplies)
 - Counseling Transportation Free Meal Program
 - Referral for Vision, Medical or Dental Services
 - Referral for Mental Health Services
 - Referral for Drug/Alcohol/Violence Prevention
 - Referral for Food and/or Clothing
 - Referral for Housing/Shelter

Please complete and return survey to School Site or LUSD District Office.