

Family School Connection Baseline Data Form

The purpose of this questionnaire is to collect social demographic information about families participating in the Family School Connection Home Visiting program. This questionnaire should be completed by the Home Visitor based on his/her knowledge of the family and on information contained in the participant's records. It is important that if a Home Visitor is not sure about an answer that he/she make the necessary inquiries to answer the question accurately. Check only one answer unless otherwise directed. The

Baseline must be completed within the first month the family enters the program.

Family ID# _____ Date Completed: ____/____/____

Home Visitor's Name: _____

Which Administration? Entry 6 Month
 1 Year 2 Year 3 Year 4 Year 5 Year

Who is the primary recipient of HV services? (check all that apply)
 Mother Father Other (specify _____)

PART A. TARGET CHILD INFORMATION

1. Child's Date of Birth: ____/____/____

2. Sex of Child: [Entry Only]: Male Female

3. What grade is the target child currently in?
 Pre-K Kindergarten 1st grade 2nd grade
 3rd grade 4th grade 5th grade 6th grade 7th grade 8th grade

4. Is there a PPT in place? Yes No Unknown

5. Is there an IEP in place? Yes No Unknown

6. Does the target child have a pediatrician? Yes No Unknown

7. Does the target child have a dentist? Yes No Unknown

8. Does the target child have a learning disability? Yes No Unknown

9. Who will be the primary caregivers for the child? (PLEASE CHECK ALL THAT APPLY) [If someone other than the MOB, FOB, or mother's partner is a primary caregiver, fill out section F for each additional primary caregiver]

Mother Father Maternal grandmother
 Maternal grandfather Paternal grandmother Paternal grandfather
 Mother's sibling Father's sibling Mother's extended family
 Father's extended family Mother's partner Other Please specify: _____

PART B. MOTHER'S INFORMATION

Check here if no information is available on the mother

1. Mother's Date of Birth: ____/____/____

2. Mother's current marital status:

- Single, never married Widowed Separated
 Married Divorced Unknown

3. Mother's current relationship to father of target child:

- Partner/boyfriend Married Married, but separated
 Divorced No relationship
 Widowed Friend Father is deceased
 MOB unsure of paternity of child Unknown

4. Is the mother's current partner the father of the target child?

- No Yes
 Unknown Not applicable (Doesn't currently have a partner)

4a. If no, will the partner be involved as a primary figure in the child's life?

- No Yes --- If yes, please fill out section E: Partner Information
 Unknown Not applicable (No partner or partner is father of the child)

5. Which of the following conditions characterize the mother's relationship with her current partner?

(CHECK ALL THAT APPLY)

- No abuse is noticeable Partner is physically abusive
 Partner is emotionally or verbally abusive Mother is sexually abused by partner
 Unknown Not applicable (doesn't have a partner)

6. What race/ethnicity does the mother consider herself to be? **[Entry Only]**

- White African-American/Black Hispanic
 Multi-Racial Other (please specify _____)
 Unknown

7. In what country was the mother born? **[Entry Only]**

- United States Puerto Rico
 West Indian/Caribbean Islands (includes but not limited to Haiti, Jamaica, Cuba, Bahamas, Dominican Republic)
 Other (please specify _____) Unknown

8. What language is the mother most comfortable speaking? **[Entry Only]**

- English Spanish English and Spanish
 English and Other language Other (specify _____)

9. Mother's highest grade completed in school

- No formal schooling Eighth grade or less
 Less than high school graduation High school degree
 General Equivalency Degree (GED) Post secondary vocational/training certificate
 Some College Education College Degree
 Graduate Work Unknown

10. Is the mother currently employed?

- No No, but the mother is seeking work Yes
 Yes, but currently on maternity leave Unknown

10a. If yes, please describe the mother's current paid employment status:

- Regular, full-time job (35 or more hours per week) Regular, part-time job
 Occasional work Working more than one job Unknown N/A(not working)

11. Is the mother covered by medical insurance? (PLEASE CHECK ALL THAT APPLY)

- No Yes, through Medicaid Yes, private insurance through job
 Yes, through Medicare (disability) Yes, through HUSKY
 Yes, through her parents' insurance (only if a minor)
 Other (specify _____) Unknown

12. Please check types of government assistance mother receives in her name (PLEASE CHECK ALL THAT APPLY)

- TANF General Assistance SSI (Supplemental Security Income)
 SSDI (Social Security Disability) Food Stamps WIC
 Section 8 Housing Unemployment compensation
 Worker's compensation No government assistance
 Other (please specify _____) Unknown

13. Is the mother currently enrolled in school?

- No Yes Unknown

13a. If yes, what type of school is the mother currently attending?

- Middle school High school Vocational GED program
 College (2 or 4 year) Other (please specify _____)

14. Does the mother currently have any of the following conditions?

1. Financial difficulties YES NO Unknown
2. Social isolation YES NO Unknown
3. Learning disability YES NO Unknown

15. To what extent is the mother a primary caregiver for the child?

- Very involved Somewhat involved Sees the child occasionally
 Very rarely involved Doesn't see the child at all

16. How often is the child contacted by his/her mother?

- Daily Weekly Monthly Less than monthly
 Never

17. Has the mother ever been arrested?

- No Yes Unknown

18. What is the mother's current criminal status? (PLEASE CHECK ALL THAT APPLY)

- Incarcerated (describe reason _____) Arrested, awaiting trial
 On probation On parole Living in a halfway house
 Other (please describe _____) None of the above Unknown

PART C: FATHER'S INFORMATION

Fill out this section of the questionnaire even if the father is not the primary figure in the child's life.

Check here if no information is available on the father

1. Father's Date of Birth: ____/____/____

2. What race/ethnicity does the father consider himself to be? [Entry Only]

- White African-American/Black Hispanic
 Multi-Racial (please specify _____) Other (please specify _____)
 Unknown

3. In what country was the father born? [Entry Only]

- United States Puerto Rico
 West Indian/Caribbean Islands (includes but not limited to Haiti, Jamaica, Cuba, Bahamas, Dominican Republic)
 Other (please specify _____)
 Unknown

4. What language is the father most comfortable speaking? **[Entry Only]**

- English Spanish English and Spanish
 English and Other language Other (specify _____)

5. Father's highest grade completed in school (CHECK ONLY ONE)

- No formal schooling Eighth grade or less Less than high school graduation
 High school degree General Equivalency Degree (GED)
 Post secondary vocational/training certificate Some College Education
 College Degree Graduate Work Unknown

6. Is the father currently employed?

- No No, but the father is seeking work Yes Unknown

6a. If yes, please describe the father's current paid employment status:

- Regular, full-time job (35 or more hours per week) Regular, part-time job
 Occasional work Working more than one job
 Unknown Not applicable (not working)

7. Is the father covered by medical insurance? (PLEASE CHECK ALL THAT APPLY)

- No Yes, through Medicaid Yes, private insurance through job
 Yes, through Medicare (disability) Yes, through HUSKY
 Yes, through his parents' insurance (only if a minor)
 Other (specify _____) Unknown

8. Please check types of government assistance father receives in his name (CHECK ALL THAT APPLY)

- TANF General Assistance SSI (Supplemental Security Income)
 SSDI (Social Security Disability) Food Stamps WIC
 Section 8 Housing Unemployment compensation
 Worker's compensation No government assistance
 Other (please specify _____) Unknown

9. Is the father currently enrolled in school?

- No Yes Unknown

9a. If yes, what type of school is the father currently attending?

- Middle school High school Vocational GED program
 College (2 or 4 year) Other (please specify _____)

10. Does the father currently have any of the following conditions?

1. Financial difficulties YES NO Unknown
2. Social isolation YES NO Unknown
3. Learning disability YES NO Unknown

11. To what extent is the father a primary caregiver for the child?

- Very involved Somewhat involved Sees the child occasionally
 Very rarely involved Doesn't see the child at all

12. How often is the child contacted by his/her father?

- Daily Weekly Monthly Less than monthly
 Never

13. Has the father ever been arrested?

- No Yes Unknown

14. What is the father's current criminal status? (PLEASE CHECK ALL THAT APPLY)

- Incarcerated (describe reason _____) Arrested, awaiting trial
 On probation On parole Living in a halfway house
 Other (please describe _____) None of the above Unknown

PART D: HOUSEHOLD INFORMATION

1. How many adults are living in the parent’s household? _____ (leave blank if parent lives in shelter)

1a. What adults are now living in the parent’s household? (PLEASE CHECK ALL THAT APPLY)-

- Child’s Mother Child’s father
- Mother’s spouse (but not father of the child) Mother’s consensual partner
- Father’s spouse (but not mother of the child) Father’s consensual partner
- Mother’s mother Mother’s father
- Other relatives of child’s mother (please specify _____)
- Other relatives of child’s father (please specify _____)
- Other non-relatives (please specify _____)
- Other shelter housing residents

2. Not including the mother, father, partner, or target child, how many children under the age of 18 live in the household where the target child will reside? _____ (leave blank if mother lives in shelter)

3. Please check types of government assistance other members of the household (**not including mother or father of the child**) receive (PLEASE CHECK ALL THAT APPLY)

- TANF General Assistance
- SSI (Supplemental Security Income) SSDI (Social Security Disability)
- Food Stamps WIC
- Section 8 Housing Unemployment compensation
- Worker’s compensation No government assistance
- Other (please specify _____) Unknown

5. Is the target child covered by medical insurance? (PLEASE CHECK ALL THAT APPLY)

- No Yes, through Medicaid Yes, insurance through parent’s job
- Yes, through Medicare (disability) Yes, through HUSKY
- Other (please specify _____) Unknown

6. Type of housing in which the parent and child will reside?

- Home owned by mother or father Home owned by mother and father
- Home owned by mother and partner (not father of the child)
- Home owned by father and partner (not mother of the child)
- Apartment or rental unit (not with family) Homeless shelter
- Group home/treatment center (specify _____)
- Halfway house
- Shared apartment/home w/ other family members Shared apartment/home w/ friends
- Shared apartment/home with strangers No housing
- Unknown Other (please specify _____)

PART E: PARTNER/BOYFRIEND INFORMATION

Fill in this section of the questionnaire only if the partner/boyfriend IS NOT the father of the child and is cohabitating with the mother or is a primary caregiver for the child.

1. Partner’s date of birth: ____/____/____

2. Partner’s current relation to child’s mother?

- Partner/boyfriend Married Other (please specify _____)

3. Partner’s highest grade completed in school (CHECK ONLY ONE)

- No formal schooling Eighth grade or less
- Less than high school graduation High school degree
- General Equivalency Degree (GED) Post secondary vocational/training certificate
- Some College Education College Degree
- Graduate Work Unknown

4. Is the partner currently employed?

- No No, but the partner is seeking work Yes Unknown

4a. If yes, please describe the partner's current paid employment status:

- Regular, full-time job (35 or more hours per week) Regular, part-time job
 Occasional work Working more than one job
 Unknown Not applicable (not employed)

5. Is the partner covered by medical insurance? (PLEASE CHECK ALL THAT APPLY)

- No Yes, through Medicaid Yes, private insurance through job
 Yes, through Medicare (disability) Yes, through HUSKY
 Yes, through their parents' insurance (only if a minor)
 Other (specify _____) Unknown

6. Please check types of government assistance partner receives in his/her name (PLEASE CHECK ALL THAT APPLY)

- TANF General Assistance
 SSI (Supplemental Security Income) SSDI (Social Security Disability)
 Food Stamps WIC
 Section 8 Housing Unemployment compensation
 Worker's compensation No government assistance
 Other (please specify _____) Unknown

7. Is the partner currently enrolled in school?

- No Yes Unknown

8. Does the partner currently have any of the following conditions?

1. Financial difficulties YES NO Unknown
2. Social isolation YES NO Unknown
3. Learning disability YES NO Unknown

9. Has the partner ever been arrested?

- No Yes Unknown

10. What is the partner's current criminal status? (PLEASE CHECK ALL THAT APPLY)

- Incarcerated (describe reason _____)
 Arrested, awaiting trial
 On probation On parole Living in a halfway house
 Other (please describe _____)
 None of the above Unknown

PART F: OTHER CAREGIVER INFORMATION

Fill in this section of the questionnaire only the caregiver is a primary caregiver for the child and lives in the same household as the child. Fill out this section for each additional primary caregiver.

1. Caregiver's date of birth: ____/____/____

2. Caregiver's current relation to child?

- Maternal Grandmother Maternal Grandfather Paternal Grandmother
 Paternal Grandfather Maternal Aunt Foster Parent
 Other (please specify _____)

3. Caregiver's highest grade completed in school (CHECK ONLY ONE)

- No formal schooling Eighth grade or less
 Less than high school graduation High school degree
 General Equivalency Degree (GED) Post secondary vocational/training certificate
 Some College Education College Degree
 Graduate Work Unknown

4. Is the caregiver currently employed?

- No No, but is seeking work Yes Unknown

4a. If yes, please describe the caregiver's current paid employment status:

- Regular, full-time job (35 or more hours per week)
 Regular, part-time job Occasional work
 Working more than one job Not applicable (not working)

5. Is the caregiver covered by medical insurance? (PLEASE CHECK ALL THAT APPLY)

- No Yes, through Medicaid Yes, private insurance through job
 Yes, through Medicare (disability) Yes, through HUSKY
 Yes, through their parents' insurance (only if a minor)
 Other (specify _____) Unknown

6. Please check types of government assistance caregiver receives (PLEASE CHECK ALL THAT APPLY)

- TANF General Assistance
 SSI (Supplemental Security Income) SSDI (Social Security Disability)
 Food Stamps WIC
 Section 8 Housing Unemployment compensation
 Worker's compensation No government assistance
 Other (please specify _____) Unknown

7. Is the caregiver currently enrolled in school?

- No Yes Unknown

8. Does the caregiver currently have any of the following conditions?

1. Financial difficulties YES NO Unknown
2. Social isolation YES NO Unknown
3. Learning disability YES NO Unknown

9. Has the caregiver ever been arrested?

- No Yes Unknown

10. What is the caregiver's current criminal status? (PLEASE CHECK ALL THAT APPLY)

- Incarcerated (describe reason _____)
 Arrested, awaiting trial
 On probation On parole Living in a halfway house
 Other (please describe _____)
 None of the above Unknown