



Parents as Teachers™

# RECRUITMENT AND ENROLLMENT *record*

- > Family name: \_\_\_\_\_
- > Enrollment date: \_\_\_\_\_
- > Address: \_\_\_\_\_
- > Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
- > E-mail: \_\_\_\_\_
- > Best time to contact family: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_
- > Alternate contact(s): \_\_\_\_\_

## Initial contact and intake information

Date of first contact with program: \_\_\_\_\_ Initiated by:  Family  PAT staff person  
 How?  Phone  Text  E-mail  In person Other: \_\_\_\_\_  
 Referral source: \_\_\_\_\_  
 Assigned to waiting list? Y N If yes, date: \_\_\_\_\_ Enrollment date: \_\_\_\_\_  
 Date family assigned to parent educator: \_\_\_\_\_ Parent educator name: \_\_\_\_\_  
 Additional contacts before first visit: \_\_\_\_\_

Participation agreement signed? Y N

## Family information

**Parent/guardian's full name:** \_\_\_\_\_  
 Marital status: \_\_\_\_\_ Language used most often: \_\_\_\_\_  
 Last grade completed in school: \_\_\_\_\_ Currently employed? Y N  Full time  Part time  Seasonal  
 Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_  
 Health insurance? Y N

**Parent/guardian's full name:** \_\_\_\_\_  
 Marital status: \_\_\_\_\_ Language used most often: \_\_\_\_\_  
 Last grade completed in school: \_\_\_\_\_ Currently employed? Y N  Full time  Part time  Seasonal  
 Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_  
 Health insurance? Y N

**Parent/guardian's full name:** \_\_\_\_\_  
 Marital status: \_\_\_\_\_ Language used most often: \_\_\_\_\_  
 Last grade completed in school: \_\_\_\_\_ Currently employed? Y N  Full time  Part time  Seasonal  
 Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_  
 Health insurance? Y N

### Notes and comments:

## Family information (cont.)

### Siblings not enrolled in the program

Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_ Living at home? Y N  
 Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_ Living at home? Y N  
 Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_ Living at home? Y N  
 Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_ Living at home? Y N  
 Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_ Living at home? Y N

### Residents in the home other than immediate family

Name: \_\_\_\_\_ Gender: M F  
 Additional information: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: M F  
 Additional information: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: M F  
 Additional information: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: M F  
 Additional information: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: M F  
 Additional information: \_\_\_\_\_

Notes and comments:

## Child(ren)'s information

**Child's full name:** \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Due date: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Any illness or complications during pregnancy or delivery? Y N

> If yes, describe: \_\_\_\_\_

Any hospitalizations since birth? Y N

> If yes, list reason(s): \_\_\_\_\_

Any current medical conditions? Y N

> If yes, describe: \_\_\_\_\_

Child's healthcare provider: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

**Child's full name:** \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Due date: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Any illness or complications during pregnancy or delivery? Y N

> If yes, describe: \_\_\_\_\_

Any hospitalizations since birth? Y N

> If yes, list reason(s): \_\_\_\_\_

Any current medical conditions? Y N

> If yes, describe: \_\_\_\_\_

Child's healthcare provider: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

**Child's full name:** \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Due date: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Any illness or complications during pregnancy or delivery? Y N

> If yes, please describe: \_\_\_\_\_

Any hospitalizations since birth? Y N

> If yes, list reason(s): \_\_\_\_\_

Any current medical conditions? Y N

> If yes, describe: \_\_\_\_\_

Child's healthcare provider: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Additional comments or information that parents feel would be helpful in visiting the family:

## Additional family characteristics

Check all that apply. (This information may be gathered through the family-centered assessment process.)

- Teen parent(s) (Parent is under the age of 20 during the program year.)
- Child with disabilities or chronic health conditions (Child being served has a physical, cognitive, emotional, or health-related condition or impairment that substantially limits one or more major life activities or qualifies the child for services under IDEA Part C.)
- Parent with disabilities or chronic health conditions (Parent has a physical, cognitive, or other health-related condition or impairment that substantially limits one or more major life activities.)
- Parent with mental illness (Parent has been diagnosed with a thought, mood, or behavior disorder or some combination of disorders associated with distress and/or impaired functioning.)
- Low educational attainment (Parent did not complete high school or GED and is not currently enrolled.)
- Low income (Family is eligible for free and reduced lunches, public housing, child care subsidy, WIC, food stamps, TANF, Head Start/Early Head Start and/or Medicaid.)
- Recent immigrant or refugee family (One or both parents are foreign-born and entered the country within the past five years.)
- Substance abuse (Parent has used or is currently using substances despite negative social, interpersonal, legal, medical, or other consequences.)
- Court-appointed legal guardian(s) and/or foster care (Child has court-appointed legal guardian(s) or is in foster care.)
- Homeless or unstable housing (The family lives in emergency/transitional housing or in a place not intended for regular housing and/or moved more than twice in the past year due to problems with housing.)
- Incarcerated parent(s) (Parent is incarcerated in federal or state prison or local jail or was released from incarceration within the past year.)
- Very low birth weight (Birth weight is under 1500 grams or 3.3 pounds.)
- Death in the immediate family (Child, parent, or sibling has died.)
- Domestic violence (Parent is involved in intimate partner violence.)
- Child abuse or neglect (Abuse/neglect of child or sibling is suspected or substantiated.)
- Military family (Parent/guardian is currently deployed or is within two years of returning from a deployment as an active duty member of the armed forces. "Deployment" is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command, or duty that is different from the normal duty assignment.)
- Ongoing health problem of the child, parent, or sibling (Ongoing health problem is serious enough to substantially limit one or more major life activities.)
- Other: