



TCESC EARLY CHILDHOOD PROGRAMS FAMILY NEEDS SURVEY

If you are in need of any assistance, please fill out the information below.
Please return this form to your child's teacher.

Child's Name: _____ Date of Birth: _____
Parent's Name: _____ Where does your child attend
Parent Signature: _____ preschool? _____
Today's Date: _____

I am *not* in need of any assistance: _____ (please check if this applies to you)

Check if you need help with:

Teacher Documentation

- | | |
|---------------------------------|-------|
| 1. ___ Housing | _____ |
| 2. ___ Utilities | _____ |
| 3. ___ Parenting Skills | _____ |
| 4. ___ Family Counseling | _____ |
| 5. ___ Managing Finances | _____ |
| 6. ___ Health Problems | _____ |
| 7. ___ Clothing/Household Items | _____ |
| 8. ___ Legal Problems | _____ |
| 9. ___ Education | _____ |
| 10. ___ Employment | _____ |
| 11. ___ Food | _____ |