High Quality School Readiness
Form 3 – Risk Factor Assessment

Child Name:
Parent(s) Name:
Address:
Phone Numbers:
Neighborhood School:

Income Information
List every person living in your household, related or not (grandparents, other relatives, friends, etc.) You must include yourself and all children living with you. You must list ANY and ALL income received from any individual in the household (worker's compensation, unemployment, social security, disability benefits, self-employment income, rental income, pensions, retirement, etc.) The amounts must be GROSS INCOME, meaning amount earned before taxes and any other deductions.

Name	Age	Income from work before taxes	Other income	How often? (yearly, monthly, weekly, etc)

Additional Factors:

- Please Select One:
  - ☐ Mother did NOT graduate from high school
  - ☐ Mother did graduate from high school
  - ☐ Mother attended/graduated from college
- Please check if applicable:
  - ☐ Single parent
  - ☐ The language spoken most often in the home is NOT English

- Read the list below and select the statement that applies

  ☐ My child meets NO factors in the list below

  ☐ My child meets 1 factor in the list below

  ☐ My child meets 2 or 3 factors in the list below

  ☐ My child meets 4 or more factors in the list below
    - Child born to a teenage mother
    - Child exposed to physical abuse or domestic violence
    - Child exposed to substance abuse (drugs or alcohol)
    - Child exposed to stressful life events (death of a parent, chronic illness of parent of sibling, mental health issues)
    - Parent is or recently has been incarcerated
    - Child lives in a neighborhood with high violence/crime
    - One or both parents has low reading ability
    - Family has moved one or more times in the last year
    - Child is now or has recently been in foster care
    - Child lives in a home with multiple families in the same household

Affirmation:
I certify that the above information is true and accurate to the best of my knowledge.

Parent signature_____ Date_____