

**Jackson City School Family and Youth Service Center  
PARENT SURVEY  
2016-2017**

FRYSC's serve students from preschool through 12<sup>th</sup> grade. JCS FRYSC serves all students currently enrolled at Jackson Independent School during the 2015-16 school year. Our center offers a unique blend of programs and services that target and serve the special needs of students and families to enhance academic success regardless of economic status. We will help to remove any barriers that prevent any child from receiving a positive educational experience.

**IF YOU HAVE MULTIPLE CHILDREN ENROLLED IN JCS YOU ONLY NEED TO COMPLETE ONE SURVEY FOR ALL CHILDREN**

To help us plan for this school year we would appreciate it if you would please fill out this survey and return to school.  
Parents/guardians only need to fill out one survey per household.

<b>BASIC FAMILY NEEDS</b>	Yes	No
1. Have you ever had difficulty providing adequate food for your family?		
2. Have you ever had difficulty finding adequate housing for your family?		
3. Have you ever needed assistance with paying your rent or mortgage?		
4. Have you ever had difficulty supplying your child with necessary school supplies?		
5. Have you ever had difficulty supplying your child with adequate clothing?		
6. Does your child receive free or reduced lunch?		
7. Have you ever received assistance for the holidays such as gifts or food?		
8. Have you ever needed assistance with transportation to an appointment?		
9. Have you ever needed assistance with paying your utilities bills?		
<b>HEALTH SERVICES</b>		
1. Have you or your child ever needed assistance for Medical Care?		
2. Do you and/or your child have medical insurance?		
3. Have you or your child ever needed assistance with Dental Care?		
4. Do you and/or your child have any type of dental insurance?		
5. Have you or your child ever needed assistance with Vision / Hearing Care?		
6. Do you and/or your child have any type of vision or hearing insurance?		
7. Do you have insurance that will cover private mental health counseling?		
8. Does your child have a Medicaid card?		
9. Do you currently receive K-Tap		
10. Do you or someone in your family receive SSI and/or Disability?		
11. Does your child have private insurance through you or your spouse?		
12. Does your child have K-Chip (KY Children's Health Insurance Program)?		
13. Have you ever needed assistance with head lice?		
<b>MENTAL HEALTH SERVICES</b>		
1. Do you have insurance that will cover professional mental health counseling?		
2. Has your child ever needed counseling for issues such as grief, anger, divorce, peer pressure, stress, nutrition. (If yes please explain on the backside of this page)		
3. Has your child ever needed counseling for issues such as gangs, drug or alcohol abuse or prevention, self esteem, teen pregnancy or prevention, self-mutilation? (If yes please explain on the backside of this page)		
4. Do you have a teen mom currently living in your home?		
5. Do you need information on support groups for teen moms and dads?		
<b>EDUCATIONAL SUPPORT</b>		
1. Do you feel you need assistance with parenting skills in raising teenagers?		
2. Do you need information on obtaining your GED?		
3. Do you need assistance or information with drop out prevention for your teen?		
4. Do you need assistance or information on job training skills for your child?		
5. Do you need assistance or information on helping your child with homework skills?		
6. Do you have a computer in your home?		

7. Would you as a parent like to learn more about computer skills?		
8. Would you as a parent like to learn more information about the social networks that are available for your students to use on the computer?		

**Elementary Only- Do you read with your child? Yes No**

**Please fill in the following information.**

**Your name on the form is optional. If you would like to request more information on something that has been mentioned on this needs assessment please leave your name, a contact number and your address and we will be glad to get information to you as soon as possible.**

**JCS FRYSC offers a weekend backpack food program if you are interested in this program please you're your phone number in the space below or contact 666-5089 \_\_\_\_\_**

Total number in household \_\_\_\_\_

Number of children in household \_\_\_\_\_ ages of children in household \_\_\_\_\_

What is your current marital status? \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Primary Caregiver in your home is? \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Grandparent \_\_\_\_\_ Other \_\_\_\_\_

Anyone in your home active military or a veteran? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Names of children enrolled in JCS District:

\_\_\_\_\_  
 \_\_\_\_\_

If you answered yes to any of the questions on the front of this form please explain your answers in the following blanks or if you have any other questions or comments please list below:

\_\_\_\_\_  
 \_\_\_\_\_

If you have additional questions or concerns OR you need assistance completing this or other forms please contact your schools Family Resource Youth Service Center at one of the following number/location or email.

Amber Sewell  
 940 Highland Ave  
 Jackson KY 41339

[amber.sewell@jacksonind.kyschools.us](mailto:amber.sewell@jacksonind.kyschools.us)

606-666-5089

**If anyone in your home is pregnant or has a child under the age of 3 please list due date and/or ages of children- \_\_\_\_\_**