

2017-2018 Occupational Survey

Today's Date: _____ District: _____ Campus: _____ Grade: _____

Student Name: _____ Date of Birth: _____





Dear Parents,





In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

1. Do you and your family travel to work or to find work in agriculture, dairies or fisheries during school or breaks?
 - No (STOP here and return survey to your child's school.)**
 - Yes (Please check all that apply below and continue to QUESTION 2.)**
2. Does this travel take you across school district lines, from one town to another or across the country?

Example: From your home base, you and your family travel to another town, stay the night, or the weekend, or less than 1 year to complete **seasonal** or **temporary** agriculture work , then return to your home base.

 - No (STOP here and return survey to your child's school.)**
 - Yes (Please check all that apply below and continue to QUESTION 3.)**

 <input type="checkbox"/> Work with fruit, vegetables, grain, soybeans, sunflower, cotton, wheat, sugar beets, agricultural farms or ranches, fields and vineyards	 <input type="checkbox"/> Working in a cannery.	 <input type="checkbox"/> Working on a dairy farm	 <input type="checkbox"/> Working in a fishery
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 <input type="checkbox"/> Working in a slaughter house	 <input type="checkbox"/> Working on a poultry farm	 <input type="checkbox"/> Working in a plant nursery or orchard; growing or harvesting trees	 <input type="checkbox"/> Other similar work, please explain: _____ _____
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3. Did the children in your family go with you or join you at a later date?
 - No (STOP here and return survey to your child's school.)**
 - Yes (If you check "YES", please provide contact information - Please complete below.)**

Mother/Guardian Name: _____

Home Address/Apt Name: _____

City: _____ Zip Code: _____

Telephone Numbers: _____

Additional Telephone Numbers: _____

Best Time to Contact: _____

For School Use Only: Please fax survey with YES responses to : ESC Region 11 Migrant Program 817-740-3622