

FOCUSfish Demographic Information Form

Please complete the following information if you feel comfortable doing so. This demographic information is helpful for us to better understand the types of families that we serve and to statistically describe the families that we work with. It allows us to continually improve the services that we provide. Furthermore, the form affords us opportunities to obtain grant funding for our non-profit organization.

Today's Date:

CHILD INFORMATION:

1. Date of Birth:
2. Age:
3. Gender:
4. Male Female
5. Please check the statement that bests reflects your child's race or ethnicity:
Black or African American
Hispanic or Latino/Latina
White or Caucasian
Bi-Racial
Asian/Pacific-Islander
Other/ Please Describe
6. Please check the statement that best describes your child's educational status
Home School
Private School
Public School/Self-Contained Classroom
Daycare/Pres-school
Public School/Mainstream Classroom
Public School/Mainstream Classroom with Special Education Services
Other/ Please Describe
7. What grade is your child in at school? _____
8. Does your child have an IEP/ receive any special education services? _____
If yes, please describe

9. How many children are living in the home? _____

CAREGIVER (S) INFORMATION:

10. Age of Caregiver 1: _____
 11. Gender of Caregiver 1: _____
- Please check the statement that bests reflects Caregiver 1's race or ethnicity:
Black or African American
Hispanic or Latino/Latina

White or Caucasian
Bi-Racial
Asian/Pacific-Islander
Other/ Please Describe

12. Please check the statement that best reflects the relationship of Caregiver 1 with the child.

Biological Mother
Adoptive Mother
Foster Mother
Relative (Please Describe) _____
Biological Father
Adoptive father
Foster father
Other Relationship (Please Describe) _____

13. Please check the highest completed level of education for Caregiver 1

Less than 7th Grade
Less than High School
High School Graduate
GED
1 Year of College
Associate's Degree
Trade School Graduate
Advanced Degree

14. Please check the statement that best reflects the employment status of Caregiver 1

Employed Full Time
Employed part Time
Currently Not Employed
Retired
Disabled
Other/Please Describe

If another caregiver is involved in the child's life, please provide information below:

15. Age of Caregiver 2: _____

16. Gender of Caregiver 1: _____

Please check the statement that bests reflects Caregiver 1's race or ethnicity:

Black or African American
Hispanic or Latino/Latina
White or Caucasian
Bi-Racial
Asian/Pacific-Islander
Other/ Please Describe

17. Please check the statement that best reflects the relationship of Caregiver 1 with the child.

Biological Mother
Adoptive Mother

Foster Mother
Relative (Please Describe) _____
Biological Father
Adoptive father
Foster father
Other Relationship (Please Describe) _____

18. Please check the highest completed level of education for Caregiver 1

Less than 7th Grade
Less than High School
High School Graduate
GED
1 Year of College
Associate's Degree
Trade School Graduate
Advanced Degree

19. Please check the statement that best reflects the employment status of Caregiver 1

Employed Full Time
Employed part Time
Currently Not Employed
Retired
Disabled
Other/Please Describe

20. Please check the category that best describes your family's total yearly income:

0-\$9,999
\$10,000-\$19,999
\$20,000-\$29,999
\$30,000-\$39,999
\$40,000-\$49,999
\$50,000-\$59,999
\$60,000-\$69,999
\$70,000-\$79,999
\$80,000-\$89,999
\$90,000-\$99,999 or more