



# St. Louis Public School District

## Students-In-Transition (S-I-T) Needs Assessment Form 2021-2022

**Student's Name:**

**School:**

**Grade:**

**Student's Address:**

**Zip Code:**

**Parent Name:**

**Phone:**

**Male/ Female:**

**Please select the appropriate boxes below to reflect your need. If the Students-In-Transition Office could assist, I would like help with...**

Aug__	Sept__	Oct__	Nov__	Dec__	Jan__	Feb__	March__	April __	May__
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	Needs	Student 1	Student 2	Student 3	Student 4
Enrollment Assistance					
School Supplies					
Hygiene Kit					
School Uniforms					
Transportation					
Tutoring Referral					
Children Nutrition (School Lunch)					
Immunization/Immunization record					
Birth Certificate					
Emergency Shelter Referral					
Emergency Utility Assistance					
Emergency Food/Referral					
Emergency Clothing/Referral					
Non-Emergency Housing Referral					
Holiday Food Basket/Referral					
Community Agency Referrals					
College Application Assistance					
College Financial Aid Assistance					
Fees for Testing					
Mentoring/Referral					
Parent Education					
Counseling					
Other: _____					

**Employee/Agency Name:**

**Department:**