

FORM 3: HQSR RISK FACTOR ASSESSMENT

Child Name:

Parent(s) Name:

Address:

Phone Numbers:

Neighborhood School:

1. Eligible for free or reduced lunch:

- ☐ Yes
- ☐ No
- ☐ I don't know

2. Eligible for a fee waiver:

- ☐ Yes
- ☐ No
- ☐ I don't know

Review the list below. How many of these circumstances have ever applied to your four-year-old child? (Do not mark which of these apply to your child. We only want to know how many apply.)

Enter number that apply to your child here: _____

- A parent of the child did not graduate from high school
- Single parent
- Language spoken in the home most often is NOT English
- Child born to mother who was 18 years old or younger
- 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 or parent or sibling, mental health issues, etc.)
- Parent is incarcerated
- Lives in a household with multiple families
- Child lives in a neighborhood with high violence/crime
- One or both parents has a low reading ability
- Family has moved at least once in the last year
- Child has ever been in foster care

Affirmation:

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

Parent Signature _____ Date _____