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Local Comprehensive Needs Assessment (LCNA)

WHCS EMPLOYEES

The purpose of this survey is to obtain input to grow and improve delivery of services to students, school-level/district personnel, and support staff through the McKinney-Vento WHCS McKinney-Vento Education Assistance Act. Please take a few minutes to complete the following survey. Your opinion is very important. The information gathered will be utilized to evaluate our services as well as ensure we are following grant requirements. Your responses are confidential.

Rating scales: Poor, Fair, Good, Excellent and Yes, No, Not sure and Multiple Choice

1. I attended a district-lead McKinney-Vento training this school year. a. Yes
b. No
c. Not sure
2. How would you rate your awareness of services provided through the McKinney-Vento Act?
a. Poor
b. Fair
c. Good
d. Excellent
3. I know who to contact in my district if I learn about a student that may be experiencing a McKinney-Vento situation .
a. Yes
b. No
c. Not Sure
4. How would you rate your interaction with the McKinney-Vento WHCS McKinney-Vento Liaison?
a. Poor
b. Fair
c. Good
d. Excellent
e. I did not interact with the McKinney-Vento WHCS McKinney-Vento Liaison.

Provide an example:

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5. How would you rate your understanding of the challenges and issues WHCS McKinney-Vento children and youths face daily?
- a. Poor
 - b. Fair
 - c. Good
 - d. Excellent
6. Select the top three items you feel are essential supports for students experiencing WHCS McKinney-Ventoness.
- ☐ After school programming
 - ☐ Assistance with FAFSA (Free Application for free Student Aid) application ☐ Clothing/hygiene items
 - ☐ College and career readiness planning and support
 - ☐ Community-based organization referrals
 - ☐ Counseling
 - ☐ Fee waivers to participate in extracurricular activities
 - ☐ Free breakfast/lunch
 - ☐ School supplies
 - ☐ Summer school participation
 - ☐ Support for parents to help their child succeed at school
 - ☐ Transportation
 - ☐ Tutoring
 - ☐ Other (please specify):

UNACCOMPANIED YOUTH SURVEY

Dear Student,

You received support from the McKinney-Vento Office at _____ this year. Please take a moment and complete this survey, your opinion is very important. The information gathered will be utilized to improve our services for future students and your responses are confidential. Thank you for your time.

1. Do you believe it was a helpful meeting with the WHCS McKinney-Vento Liaison?
 - a. Definitely
 - b. Somewhat
 - c. Not at All
 - d. I don't recall meeting with the Social Worker.

2. Did the support you received by the McKinney-Vento WHCS McKinney-Vento Liaison or POJ/CYFD Social Worker assist you in becoming more aware of all the different resources available in the community?
 - a. Definitely
 - b. Somewhat
 - c. Not at All
 - d. I don't recall receiving assistance from the WHCS McKinney-Vento Liaison or the Social Worker.

3. How did your school counselor provide you with support with any of the following topics?

- ☐ Introduce you to the McKinney-Vento WHCS McKinney-Vento Liaison at your school.
- ☐ Meet with you to talk about your concerns.
- ☐ Connect you with organizations that could help you with clothing, food, or housing.
- ☐ Support with reviewing your class schedule.

- ☐ Review your transcript and grades with you.
- ☐ Request records from your previous schools such as transcripts, report cards, special education
- ☐ Provide information about credit recovery options.
- ☐ Receive individualized counseling regarding college or career planning.

- ☐ Arrange for you to visit colleges and universities to learn more about the school.

- ☐ Assist you with the college application process.

- ☐ Provide waivers for you to take the ACT or SAT

- ☐ Assist you with completing the Free Application for Federal Student Aid (FAFSA)

- ☐ Explain to you what an independent status is on the FAFSA.

- ☐ Provide a copy of your McKinney-Vento eligibility letter for your college or university financial aid office.

4. Please indicate any services you were assisted with:

- ☐ Clothing or hygiene items
- ☐ Community based organization referral (i.e., HYC-WHCS McKinney-Vento Youth Connection)
- ☐ Counseling referral
- ☐ School enrollment

- ☐ McKinney-Vento eligibility
- ☐ FAFSA (Free Application for Federal Student Aid) completion
- ☐ Fee waiver (i.e., course fees, extra-curricular activity fees)
- ☐ Shelter or Housing Referral
- ☐ Social services referral (i.e., POJ, JHHS, 5-Sandoval etc.)
- ☐ Connection to tutoring or academic support
- ☐ Transportation (i.e., bus passes.)
- ☐ Other: *place box where they can input what other service

5. Was your overall experience a positive one?

- a. Definitely
- b. Somewhat
- c. Not at All
- d. I don't recall any interactions with the McKinney-Vento WHCS McKinney-Vento Liaison or the Social Worker.

Comments:

6. Do you have any suggestions for our staff that would enhance your experience interacting with our staff?

(Open for responses)

PARENT

Dear Parent, your child; _____ received support from the McKinney-Vento WHCS McKinney-Vento Liaison at (insert name of LEA) this year. Please take a moment and complete this survey, your

opinion is very important. The information gathered will be utilized to improve our services for future students and your responses are confidential. Thank you for your time.

1. Do you believe the support you received from the McKinney-Vento WHCS McKinney-Vento Liaison, or the Social Worker was helpful.
 - a. Definitely
 - b. Somewhat
 - c. Not at All
 - d. I don't recall receiving support from the McKinney-Vento WHCS McKinney-Vento Liaison.

2. Please indicate all services you were provided. (Multiple choice) ☐After school program enrollment

☐Clothing or hygiene items

☐Community based organization referral (i.e., A New Leaf, Community Bridges, HYC-WHCS McKinney-Vento Youth Connection, Save the Family, UMOM)

☐Counseling referral

☐School enrollment assistance

☐FAFSA (Free Application for Federal Student Aid) completion (high school students only)

☐Fee waiver (i.e., course fees, extra-curricular activities)

☐Preschool or Head Start referral.

☐Connecting you with school staff to support your child.

☐Transportation (i.e., bus passes, bus route, etc.)

Insert branching here:

If transportation was provided through McKinney-Vento please answer the following question.

- Do you feel that the transportation provided through McKinney-Vento services met your child's need to arrive at school on time?
☐Yes
☐No
- Were route details communicated to you in a timely manner? ☐Yes
☐No
- Did you understand the McKinney-Vento transportation guidelines? ☐Yes
☐No
- Do you know where to call when your child is going to absent and will not need a ride?
☐Yes
☐No
- Comment Section

Other: (leave option for participant to complete)

3. Did your interaction with the McKinney-Vento WHCS McKinney-Vento Liaison assist you in becoming more aware of the different resources available in the community?
- a. Definitely
 - b. Somewhat
 - c. Not at All
 - d. I don't recall interacting with the McKinney-Vento WHCS McKinney-Vento Liaison.
4. Were your phone calls/emails returned in a timely manner?
- a. Definitely
 - b. Somewhat
 - c. Not at All
 - d. I don't recall interacting with the McKinney-Vento WHCS McKinney-Vento Liaison.
5. Was your overall experience with the McKinney-Vento WHCS McKinney-Vento Liaison a positive one?
- a. Definitely
 - b. Somewhat
 - c. Not at All
 - d. I don't recall interacting with the McKinney-Vento WHCS McKinney-Vento Liaison.

Comments:

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6. Do you have any suggestions for our staff that would enhance your experience interacting with our staff?

(Open for responses)

COMMUNITY BASED AGENCIES SURVEY

(List maintained by Liaison. Inclusive of all community organizations, LEA Liaisons, Agencies)

Throughout the year you may have interacted with the _____ McKinney Vento staff. The collaboration between your agency and the district is a vital part of how we service our families who are experiencing WHCS McKinney-Ventness. Please take a few minutes to complete the following survey. Your opinion is very

important to us. The information gathered will be utilized to evaluate our services. Your responses are confidential.

Rating scale: Poor, Fair, Good, Excellent and Yes, No, Not sure and Multiple Choice

1. The McKinney-Vento WHCS McKinney-Vento Liaison has provided training for our organization.
 - a. Yes
 - b. No
 - c. Not sure

2. Based on your collaboration to assist families experiencing WHCS McKinney-Ventness, do you believe it was helpful?
 - a. Definitely
 - b. Somewhat
 - c. Not at all
 - d. I don't recall collaborating with your district.

Please explain below by providing an example.

3. Was your collaboration and/or any interaction with our district positive?
 - a. Definitely
 - b. Somewhat
 - c. Not at all
 - d. I don't recall collaborating with your district.

Please explain below by providing an example.

4. Do you believe collaboration with our district is important for the clients (families) you serve?
 - a. Definitely
 - b. Somewhat
 - c. Not at all

Please explain below by providing an example.

5. Do you have any suggestions for our staff that would enhance your experience working with our district?

(Open for responses)