

WVDE Family Re-entry Questionnaire



West Virginia DEPARTMENT OF
EDUCATION

This sample form may to be used by school personnel who call or meet with parents/guardians prior to reentry.
(This form may be modified to fit the needs of the school/county.)

Student: _____

Parent/Guardian who was contacted: _____

- Verify address.
- Verify contact information.
- Verify emergency contacts or persons to contact in case of student illness.
- If immunizations are due, remind that the student cannot attend unless there are immunizations on file or an appropriate exemption.

What impact has the pandemic had on the family?

- Illness
- Death
- Economic
- Other

Are the parents/guardians employed?

- Yes, _____
- Is parent/guardian a medical service provider?
- Is parent/guardian a first responder?
- Is parent/guardian unemployed

What educational activities has the student been engaged in since school was last in session?

Is there access to reliable internet in the home?

Is there access to a reliable computer in the home?

Does the family have any specific needs that the district might be able to assist?

Are there any concerns regarding the student returning to school?

Verify possession of district property and remind them to return.

- Computers/technology
- Books
- Other: _____

Follow-Up Contact by//for:

- Free and Reduced-Lunch Eligibility
- Nurse
- Homeless Coordinator
- Counselor
- Other: _____