

Baltimore County Public Schools Homeless Services Activities Tracking Form

Homeless Services & Activities Provided Services & Act. should only be listed 1 time per student	Name of Student(1 page per student)	
	Date:	
Tutoring or instructional support		XXXXXXXXXXXXXXXXXXXXXX
Expedited Evaluations		XXXXXXXXXXXXXXXXXXXXXX
Referrals for medical, dental & other health services		XXXXXXXXXXXXXXXXXXXXXX
Transportation		
Early Childhood Programs(Headstart, Evenstart)		XXXXXXXXXXXXXXXXXXXXXX
Assistance with participation in school programs		XXXXXXXXXXXXXXXXXXXXXX
Before, after school, mentoring, summer programs		XXXXXXXXXXXXXXXXXXXXXX
Obtaining or transfer. records for enrollment		XXXXXXXXXXXXXXXXXXXXXX
Parent Education- Homeless Rights & Resources for children		XXXXXXXXXXXXXXXXXXXXXX
Coord. Between school and agency		XXXXXXXXXXXXXXXXXXXXXX
Student Counseling		XXXXXXXXXXXXXXXXXXXXXX
Domestic Violence Resources & Needs		XXXXXXXXXXXXXXXXXXXXXX
Clothing to meet school requirement		XXXXXXXXXXXXXXXXXXXXXX
School supplies		XXXXXXXXXXXXXXXXXXXXXX
Referral to other programs & services		XXXXXXXXXXXXXXXXXXXXXX
Emergency Assistance related to school attendance.		XXXXXXXXXXXXXXXXXXXXXX
Payments & fees		XXXXXXXXXXXXXXXXXXXXXX
Acquiring documents, birth certificates		XXXXXXXXXXXXXXXXXXXXXX
Other-(specify)		XXXXXXXXXXXXXXXXXXXXXX
		XXXXXXXXXXXXXXXXXXXXXX
		XXXXXXXXXXXXXXXXXXXXXX
Pupil Personnel Worker-		XXXXXXXXXXXXXXXXXXXXXX
Staff professional dev. & awareness-homelessness (Place actual number of dev. & awareness activities in box to right)		XXXXXXXXXXXXXXXXXXXXXX
Return to Carl Love at the end of each quarter		
Created 1-30-06		