Parents as Teachers™

RECRUITMENT AND ENROLLMENT *record*

> Family name: _____
> Enrollment date: _____
> Address: _____
> Home telephone: _____ Cell phone: _____
> E-mail: _____
> Best time to contact family: _____ Preferred method of contact: _____
> Alternate contact(s): _____

Initial contact and intake information

Date of first contact with program: _____ Initiated by: ☐ Family ☐ PAT staff person
How? ☐ Phone ☐ Text ☐ E-mail ☐ In person Other: _____
Referral source: _____
Assigned to waiting list? Y N If yes, date: _____ Enrollment date: _____
Date family assigned to parent educator: _____ Parent educator name: _____
Additional contacts before first visit:

Participation agreement signed? Y N

Family information

Parent/guardian's full name: _____
Marital status: _____ Language used most often: _____
Last grade completed in school: _____ Currently employed? Y N ☐ Full time ☐ Part time ☐ Seasonal
Ethnicity: _____ Race: _____
Health insurance? Y N

Parent/guardian's full name: _____
Marital status: _____ Language used most often: _____
Last grade completed in school: _____ Currently employed? Y N ☐ Full time ☐ Part time ☐ Seasonal
Ethnicity: _____ Race: _____
Health insurance? Y N

Parent/guardian's full name: _____
Marital status: _____ Language used most often: _____
Last grade completed in school: _____ Currently employed? Y N ☐ Full time ☐ Part time ☐ Seasonal
Ethnicity: _____ Race: _____
Health insurance? Y N

Notes and comments:

© 2013, Parents as Teachers National Center, Inc.
ParentsAsTeachers.org

Parents as Teachers™

Family information (cont.)

Siblings not enrolled in the program

Name: _____ Gender: M F Age: _____ Living at home? Y N

Name: _____ Gender: M F Age: _____ Living at home? Y N

Name: _____ Gender: M F Age: _____ Living at home? Y N

Name: _____ Gender: M F Age: _____ Living at home? Y N

Name: _____ Gender: M F Age: _____ Living at home? Y N

Residents in the home other than immediate family

Name: _____ Gender: M F

Additional information: _____

Name: _____ Gender: M F

Additional information: _____

Name: _____ Gender: M F

Additional information: _____

Name: _____ Gender: M F

Additional information: _____

Name: _____ Gender: M F

Additional information: _____

Notes and comments:

© 2013, Parents as Teachers National Center, Inc.
ParentsAsTeachers.org

Parents as Teachers™

Child(ren)'s information

Child's full name: _____ Ethnicity: _____ Race: _____
Due date: _____ Date of birth: _____ Birth weight: _____
Any illness or complications during pregnancy or delivery? Y N
> If yes, describe: _____
Any hospitalizations since birth? Y N
> If yes, list reason(s): _____
Any current medical conditions? Y N
> If yes, describe: _____
Child's healthcare provider: _____ Date of last physical exam: _____

Child's full name: _____ Ethnicity: _____ Race: _____
Due date: _____ Date of birth: _____ Birth weight: _____
Any illness or complications during pregnancy or delivery? Y N
> If yes, describe: _____
Any hospitalizations since birth? Y N
> If yes, list reason(s): _____
Any current medical conditions? Y N
> If yes, describe: _____
Child's healthcare provider: _____ Date of last physical exam: _____

Child's full name: _____ Ethnicity: _____ Race: _____
Due date: _____ Date of birth: _____ Birth weight: _____
Any illness or complications during pregnancy or delivery? Y N
> If yes, please describe: _____
Any hospitalizations since birth? Y N
> If yes, list reason(s): _____
Any current medical conditions? Y N
> If yes, describe: _____
Child's healthcare provider: _____ Date of last physical exam: _____

Additional comments or information that parents feel would be helpful in visiting the family:

© 2013, Parents as Teachers National Center, Inc.
ParentsAsTeachers.org