

**DELAWARE DEPARTMENT OF EDUCATION
TITLE I, PART C
Agricultural Work Survey**

Dear Parent/ Guardian,

Date: _____

In order to serve your child, _____, the _____ District/Charter School is
(Insert District/Charter School Name)
helping the State of Delaware identify students who may qualify to receive additional education and support services.

The information provided below will be kept confidential with in the Department of Education and will be used for planning purposes only. Please answer the following questions and return this form to your child’s school.

1. In the past 3 years, has your family changed from: a) one school district to another; b) one state to another state; c) another country to the U.S.?

_____ YES _____ NO

If “NO,” do not complete the remainder of this survey. If “YES,” please continue.

2. Was the reason for this change **to look for or to accept** a job in an agricultural or fishing activity such as those listed below? Answer this question even if you have a different type of job now.

_____ YES _____ NO

If “YES,” please circle all that apply if you or your husband/wife, or someone in your household has worked with, on, or in a:

- | | | | |
|---------------|--------------------------|--|--|
| Farm | Chicken processing plant | Dried or dehydrated fruits/spices | Plant nursery/greenhouse |
| Dairy | Processing meat/fish | Sod farms | Tree growing or harvesting |
| Ranch | Cranberry bogs | Meat or food packing plant | Food processing |
| Cannery | Fresh/frozen juices | Mushrooms | Pet food processing |
| Chicken house | Fishery | Planting, picking, or packing fruits, vegetables, seeds, or nuts | Cleaning, weeding or preparing land for planting |

Please add any other agricultural or fishing work/activity that you or your husband/wife or someone in your household has performed:

Please list all children **ages 3-21 years old** in the home, including those not enrolled in school:

First / Last name	Date of Birth	Age	Grade	School

Parent/Guardian: _____

Address: _____ Apt. No. _____ City: _____ Zip: _____

Phone: _____ Best time to be reached _____ AM / PM Alternate or cell phone number: _____

DISTRICTS: The ORIGINAL document must be submitted to the Delaware Department of Education **Migrant Education Program Office** within 10 days of the student’s enrollment by **State Mail Code N510** or by U.S. Postal Service to **35 Commerce Way, Suite 1, Dover, DE 19904**. A COPY of this form must be retained in the student’s file to document compliance with the Title I, Part C federal program requirements.



DEPARTAMENTO DE EDUCACIÓN DE
DELAWARE
TITULO I, PARTE C
Encuesta de Trabajo Agrícola

English/Spanish

Fecha: _____

Estimado Padre/Madre o Adulto responsable del estudiante,

Con el fin de servir mejor a su niño, _____, el distrito escolar _____,
(Insert District/Charter School Name)

está asistiendo al estado de Delaware a identificar estudiantes elegibles para recibir beneficios y apoyos. La información proporcionada es confidencial y será utilizada por el Departamento de Educación para fines de planeación únicamente. Por favor, conteste las siguientes preguntas y devuelva este formulario a la escuela de su hijo.

1. ¿En los últimos 3 años, su familia se ha cambiado de: a) un *distrito escolar* a otro; b) un estado a otro; c) otro país a Estados Unidos?

_____ Sí _____ NO

Si es "NO", no complete el resto de esta encuesta. Si es "SI", por favor continúe.

2. ¿El motivo de este cambio ha sido por **buscar o aceptar** un empleo en una actividad agrícola o de pesca, o en alguna de las actividades enlistadas abajo? Conteste aunque tenga otro tipo de trabajo actualmente.

_____ Sí _____ NO

Si es "SI", por favor marque todo lo que corresponda si usted, su esposo/a u otro miembro del hogar ha trabajado en/con:

- | | | | |
|-------------------------|------------------------|--------------------------------|---------------------------------|
| Granja | Rastro/ Carnicería | Cultivar Césped | Invernadero |
| Lechería | Procesar carne/pescado | Empacar carne/alimentos | Plantar y cultivar árboles |
| Rancho | Cultivo de Arandanos | Granja de Hongos | Procesar alimentos |
| Enlatadora | Jugo Fresco/Congelado | Plantar, pizar o empacar | Procesar limento para mascota |
| Gallineros | Pescado y Marisco | frutas, vegetales, semillas, o | Desyerbar o preparar el terreno |
| Planta de Pollo/Pollera | Frutas secas/especias | nueces | para plantar |

Favor de anotar otro trabajo/actividad agrícola o de pesca que usted, su esposo/a u otro miembro del hogar haya realizado:

Anote todos los niños y jóvenes entre **3-21 años de edad** en el hogar, incluyendo los que no asisten a la escuela:

Nombre y Apellido	Fecha de Nacimiento	Edad	Grado	Escuela

Padre/Madre o Adulto responsable del estudiante: _____
 Dirección: _____ Ciudad _____ Zip _____
 Teléfono 1: _____ Teléfono 2 _____ Hora: _____ AM/PM

DISTRICTS: The ORIGINAL document must be submitted to the Delaware Department of Education **Migrant Education Program Office** within 10 days of the student's enrollment by **State Mail Code N510** or by U.S. Postal Service to **35 Commerce Way, Suite 1, Dover, DE 19904**. A COPY of this form must be retained in the student's file to document compliance with the Title I, Part C federal program requirements.