



**WORKFORCE
SERVICES**
REFUGEE SERVICES

FAMILY HISTORY FORM

THE REFUGEE SERVICES OFFICE (RSO) supports youth from refugee backgrounds and their parents as they adjust to life in the United States. We also seek to support educators and community support systems for these families. This form will help guide your first conversations with these families. The intent is for this form to be shared with school or other program providers in order for them to better understand the background of the family.

If you have questions or need additional resources, please contact Alexx Goeller, RSO Youth Services Coordinator, at agoeller@utah.gov or 801-347-3218.

Family Name			
Original Resettlement Agency	Arrival Date (MM/DD/YYYY)	Exit Date (2 Year Case Management) (MM/DD/YYYY)	Nationality
			Initial Apt. Complex
List all countries resided in:		For how long?	
PARENT 1			
Name		Date of Birth (MM/DD/YYYY)	Sex
Years of school completed		Instruction Language(s)	Location
Are you interested in further education? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Languages	Listening/Speaking Ability		Reading/Writing Ability
Primary:	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
English	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Work experience:			
PARENT 2			
Name		Date of Birth (MM/DD/YYYY)	Sex
Years of school completed		Instruction Language(s)	Location
Are you interested in further education? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Languages	Listening/Speaking Ability		Reading/Writing Ability
Primary:	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
English	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Work experience:			

FAMILY HISTORY FORM pg 2

PERSONAL HISTORY

What language do you speak at home? _____

Describe your previous living environment (e.g., refugee camp, city) _____

How long were you there for? _____

Do you still have family members in another country? Yes No Which members? _____

Have any of your children been separated from either parent for an extended period of time? Yes No

If yes, how long was the separation? _____ How long since you were reunited? _____

How do you expect school in Utah will be different, and do you have any concerns about school here? _____

What ways do you effectively discipline your children without physical contact? _____

Would you be interested and/or willing to volunteer in your child's school? Yes No

What goals do you have for your children? _____

What do you like to do together as a family? _____

Recommended referral to community services (i.e., sports program, mental health, etc.) _____

ENGLISH	SOMALI
Hello	Hello
Welcome	Sod hawoo
How are you?	Sidee tahay?
I am fine	Waan facaanahi

ENGLISH	SOMALI
What is your name?	Waa maxay macacaagu?
My name is	Magacaygu waa
Please sit down	Fadlan fadhiistaan
Thank you!	Waa mahadsantahay

ENGLISH	SOMALI
You're welcome	Atha Muthaan
Goodbye	Nabad gelyo

School Administrators: Please sign below to acknowledge receipt of this form.

School 1 _____

Name of School

Name of Administrator/Teacher – Please print

Title

Date

Signature

School 2 _____

Name of School

Name of Administrator/Teacher – Please print

Title

Date

Signature

School 3 _____

Name of School

Name of Administrator/Teacher – Please print

Title

Date

Signature



STUDENT HISTORY FORM



Student No. ____ Name		Date of Birth (MM/DD/YYYY)	Sex
Language(s)			
Primary:	Listening/Speaking Ability <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	Reading/Writing Ability <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
English	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
What language do you speak at home?			
What language did you speak/were you taught in school?			
EDUCATION HISTORY			
Where and when did you last attend school? _____			
Do you have any transcripts/report cards from your last school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many total years of school did you complete? _____			
Were there any periods of at least one year in which you were not in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe your previous school environment (e.g., camp school, informal community school, boarding school) _____ _____			
Were boys and girls in the same class? <input type="checkbox"/> Yes <input type="checkbox"/> No Was everyone the same age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you in school all day long (7 hours on average)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ADDITIONAL INFORMATION			
What are your academic/extracurricular interests? _____ _____			
Are you interested in after-school or summer school programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list programs of interest: _____ _____			
Is there anything else you would like your teachers to know about you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ _____ _____			
Do you have any allergies or dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any dietary preferences: _____ _____			
Do you have any difficulties with learning or medical conditions that may affect your ability to perform well in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What do you want to be when you grow up? _____ _____			
Initial U.S. school and grade upon arrival to the U.S.: _____			

Note: Fill out as many forms as needed for the number of children in each family unit. Number the students 1, 2, 3, etc. from oldest to youngest.