



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

Dear Parent/ Guardian,

Date: _____

To better serve your child, _____, our district: _____
and our school: _____ assist the Delaware Department of Education identify
students who may qualify for additional education and support services. Your responses will remain confidential and used
only for planning. Please complete 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 or
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, Dairy, Ranch, Cannery, Chicken house, Chicken processing plant, Processing meat/fish, Cranberry bogs, Fresh/frozen juices, Fishery, Dried or dehydrated fruits/spices, Sod farms, Meat or food packing plant, Mushrooms, Planting, picking, or packing fruits, vegetables, seeds, or nuts, Plant nursery/greenhouse, Tree growing or harvesting, Food processing, Pet food processing, 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:

Table with 5 columns: 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,

Para ayudar mejor a su hijo/a, _____, nuestro DISTRITO: _____ y nuestra ESCUELA: _____ asisten a El Departamento de Educacion de Delaware a identificar los estudiantes que califican para ayuda academica y apoyo adicional. Su respuesta permanecera confidencial y sera usada solo para planear servicios. Favor de llenar este formulario y devolverlo a la escuela de su hijo/a.

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/ Carniceria | 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

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