

SNAP EHR- CHILDREN EXPERIENCING HOMELESSNESS
INITIAL STUDENT SCREENING TOOL (TEMPLATE)

Please Note: This will be an initial screening tool that can be used by nurses. Depending on the responses, follow-up may be needed.

Area of Focus	Screening Questions	Response <i>Circle your response</i>
Lack of Educational Continuity	Attendance Issues?	Yes No
	Missing records needed to enroll?	Yes No
Poor Health and Nutrition	Missing immunizations and medical records?	Yes No
	Chronic hunger or food hoarding?	Yes No
	Fatigue (may be falling asleep in class)?	Yes No
Transportation and Attendance Issues	Erratic attendance and tardiness?	Yes No
	Numerous absences?	Yes No
	Lack of participation in afterschool activities?	Yes No
	Lack of participation in field trips?	Yes No
Poor Hygiene	Wearing clothes for several days?	Yes No
	Inconsistent grooming?	Yes No
Social and Behavioral Concerns	Extreme shyness?	Yes No
	Unwilling to form relationships with peers and teachers?	Yes No
	Anxiety, exhibiting anger or embarrassment when asked about current address?	Yes No
	Avoidance of questions related to current address?	Yes No
	Statements made about staying with grandparents, other relatives, friends, or in motels and campgrounds?	Yes No
	Statements such as: <i>"I don't remember the name of the last school I was in."</i> ?	Yes No
	Statements such as: <i>"We've been moving around a lot."</i> ?	Yes No

If < 3 yes responses or any 1 area with all yes responses monitor closely

If ≥ 3 but ≤ 6 yes responses or any 2 areas with all yes responses then refer for further assessment

If > 6 or any 3 areas with all yes responses then refer for immediate follow-up and intervention

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