

## 2017-2018 Occupational Survey

<b>District: Mansfield ISD</b>	<b>Campus:</b>	<b>Grade:</b>
<b>Student Name:</b>	<b>Date of Birth:</b>	

Dear Parents,


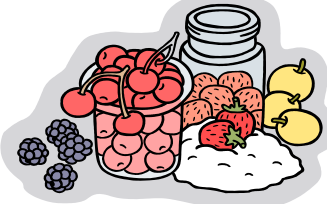


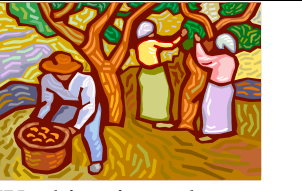

In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services.

**The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

**1. Within the past 3 years have you moved from one city or state to another so that you or your family could work or look for work in agriculture or fishing?**

No (STOP here and return survey to your child's school.)

Yes (Please check all that apply below and continue to Question 2.)

 <p>Fruit, vegetables, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms or ranches, fields and vineyards</p> <p style="text-align: center;"><input type="checkbox"/></p>	 <p>Working in a cannery.</p> <p style="text-align: center;"><input type="checkbox"/></p>	 <p>Working on a dairy farm</p> <p style="text-align: center;"><input type="checkbox"/></p>	 <p>Working in a fishery</p> <p style="text-align: center;"><input type="checkbox"/></p>
 <p>Working in a slaughter house</p> <p style="text-align: center;"><input type="checkbox"/></p>	 <p>Working on a poultry farm</p> <p style="text-align: center;"><input type="checkbox"/></p>	 <p>Working in a plant nursery or orchard; growing or harvesting trees</p> <p style="text-align: center;"><input type="checkbox"/></p>	 <p>Other similar work, please explain:</p> <p style="text-align: center;"><input type="checkbox"/></p>

**2. Did the children in your family go with you or join you at a later date?**

NO (STOP here and return survey to your child's school.)       YES (Please complete below.)

<b>If you check "Yes" someone will call you.</b>		<b>Best time to contact you:</b>	
Parent/Guardian Name:	Home Address/Apt Name:	City:	Zip Code:
Telephone Number:	Mailing Address:	City:	Zip Code:

**For questions, please contact: Dr. Sheila K. Sherman, Director of Federal Programs (817) 299-6358.**  
**School Personnel: Please forward form YES on both #1 & #2 checked above to Dr. Sherman in Admin Bldg 200.**