

3 Month Timeframe - Primary Caregiver

Date: _____ Staff: _____

ETO Case Number: _____

Take this assessment 3 months after enrollment.

Primary Caregiver Education (Only Fill Out The Questions Below If Primary Caregiver Answered “No” To Questions At Enrollment)

1. Have you completed high school or a GED program?

Yes-High School

Yes-Completed GED

No

2. Are you currently enrolled in high school or GED program?

Yes

No