

### 3 Month Timeframe - Primary Caregiver

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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