## PLEASE COMPLETE ONLY ONE SURVEY PER HOUSEHOLD/FAMILY

## Mission Homefront Family Survey

School Building Name:	Number of children in your family:
School District:	Ages of children:
County of residence:	
<ol> <li>Do you have a child in your family with         <ul> <li>Is currently deployed?</li> <li>Has been deployed in the past 5 ye</li> <li>Could potentially be deployed in the</li> </ul> </li> </ol>	
If you answered no to the first question,	please do not complete the rest of this form. Thank you.
<ul><li>2. What is the relationship of the deployed a. Parent/Stepparent</li><li>b. Sibling</li><li>c. Grandparent</li></ul>	d or deployable person(s) to your child? (Circle all that apply) d. Aunt/uncle/cousin e. Teacher or other school district employee f. Other
<ul><li>3. In what branch of the military is the dep</li><li>a. Air Force</li><li>b. Army</li><li>c. Navy</li><li>d. Marine Corps</li></ul>	oloyed or deployable person(s)? (Circle all that apply) e. Coast Guard f. Reserves g. National Guard
<ul><li>4. How close are you to a military base?</li><li>a. 0-25 miles</li><li>b. 26-50 miles</li></ul>	c. More than 50 miles d. Not sure
	dren in many different ways. Please circle any of the areas in nange in your child. (Circle all that apply)  d. other  e. no negative impact
Life changes sometimes have a positive positive changes you have seen in you	e impact and build resiliency in children. Please list any r child (ex: assuming more responsibilities around the house, ld issues, discussing feelings more openly).
7. Do you have any other concerns that the aware of?	ne school might be able to help with or should be made
(Optional) Please sign below and provide from your school to follow up with you.  Signature:  Name:  E-mail:	Phone number: ( )