



Colorado MEP Occupational Survey

Your child/children may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's/children's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed at the bottom of the document.

CHILD'S FIRST NAME:	CHILD'S LAST NAME:		BIRTHDATE:	
SCHOOL:			GRADE:	
PARENT/GUARDIAN NAME:		How many children under the age of 22 live with you in your household?		
1) In the past three years, has your family moved to another state, city, school district, and/or county? ☐ YES ☐ NO				
following occupations relate	•	y work, or have worked, in the past ng work?	three years, in any of the	
CIRCLE all that apply below,	even if the work was on	ly for a short period of time.		



Processing & Packing (fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock)



Agriculture or Field Work (planting, picking, sorting crops, soil preparation, irrigation, fumigation)



Dairy & Cattle Raising (feeding, milking, rounding up)



Nursery or Greenhouse (planting, potting, pruning, watering, harvesting)



Forestry (soil preparation, planting, growing, cutting trees)



Fishing & Fish Processing (catching, sorting, packing, transporting fish)

If you answered "yes" to either question above, please continue below. Otherwise, your form is complete.

HOME ADDRESS:	TODAY'S DATE:			
CITY:	STATE:	ZIP:		
TELEPHONE (WITH AREA CODE):				
BEST DAY AND TIME TO CALL:	PREFERRED LANGUAGE:			

This form and the data recorded within are protected to maintain family and child confidentiality. School district staff: You may mail or fax the form to the contact information below. If you have any questions, please contact: