



Bridging Refugee Youth & Children's Services

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Refugee School Impact Grant Forms

By: Tennessee Office for Refugees

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BRYCS is a project of the United States Conference of Catholic Bishops/Migration and Refugee Services (USCCB/MRS) 1-888-572-6500/ info@brycs.org/ www.brycs.org



TENNESSEE REFUGEE PROGRAM CLIENT ENROLLMENT FORM

Date of Intake

Caseworker

PA : _____
LAST First Middle

Address: _____

Second Migrant ☐ No
☐ Yes _____
City State VOLAG

Case Number: _____

Date of Arrival/Eligibility _____

Date of Arrival in Tennessee _____

Nationality _____ Ethnicity _____

Languages Spoken _____

Income and Resources

Family Income: \$ _____ per _____

Source(s): ☐ Job ☐ MG ☐ Unemployment
☐ TANF* ☐ SSI* ☐ Other:
☐ RCA ☐ Relative/Friend

Value of Additional Resources: \$ _____

Members of Household

NAME (LAST, First Middle)	ALIEN #	RELATION (to PA)	SEX	DOB (MM/DD/YY)	SS #	ELIGIBILITY	CASH	MEDICAL	OTHER	OTHER	OTHER
		PA									

* **Comments** (rationale for enrollment past 30 days DOE, TANF vendor information, SSI application status, etc.):

The information on this form is complete and accurate to the best of my knowledge.

Client Signature

Date

Caseworker Signature

Date

Partner Organization:



"Be not forgetful to entertain strangers: for thereby some have entertained angels unawares."

Refugee School Impact Grant (RSIG) Parent Sign-In

Affiliate:

Date:

Parent Name	Student Name	School	Grade



"Be not forgetful to entertain strangers: for thereby some have entertained angels unawares."

Refugee School Impact Grant (RSIG) Student Sign-In

Affiliate:

Date:

Student Name	Parent Name	School	Grade



Refugee School Impact Grant (RSIG)

School Personnel Training

Affiliate:

Date:

[illegible]

Refugee School Impact Program Self-Initiative Assessment Pre-Test

Name: _____

Date: _____

School: _____

Grade: _____

1. What kinds of activities do you participate in at school? For example, do you play sports or go to meetings for a club?
2. What school activities do you participate in outside of the school day? For example, do you attend football games or go to the school play?
3. What activities do you participate in outside of school? For example, do you help out at your mosque, temple or church? Do you volunteer? Do you participate in events in your neighborhood or community?
4. Are you in charge of any of these activities that you mentioned?
5. Have you joined any group or team on your own, without someone else telling you to?

Signature if recorded by someone other than above:

Refugee School Impact Program Self-Initiative Assessment Post-Test

Name: _____

Date: _____

School: _____

Grade: _____

1. What kinds of activities do you participate in at school? For example, do you play sports or go to meetings for a club?
2. What school activities do you participate in outside of the school day? For example, do you attend football games or go to the school play?
3. What activities do you participate in outside of school? For example, do you help out at your mosque, temple or church? Do you volunteer? Do you participate in events in your neighborhood or community?
4. Are you in charge of any of these activities that you mentioned?
5. Have you joined any group or team on your own, without someone else telling you to?

Signature if recorded by someone other than above:

School Orientation Pre-Test

Name: _____

Date: _____

1. There are three different levels of school in the United States. What are they called?
2. Will your child be required to do school work at home?
3. How often should students bring home a report card with their grades from school?
4. What is a good grade and a bad grade?
5. Are teachers in the United States allowed to hit students?
6. What happens when your child gets in trouble in school?
7. What are behaviors that will get your child expelled from school?
8. What should you do if your child is absent from school?
9. Who should your child talk to if he or she is having trouble at school?
10. If you want to have a meeting with the school, is the school required to provide an interpreter?

Signature if recorded by someone other than above:

School Orientation Post-Test

Name: _____

Date: _____

1. There are three different levels of school in the United States. What are they called?
2. Will your child be required to do school work at home?
3. How often should students bring home a report card with their grades from school?
4. What is a good grade and a bad grade?
5. Are teachers in the United States allowed to hit students?
6. What happens when your child gets in trouble in school?
7. What are behaviors that will get your child expelled from school?
8. What should you do if your child is absent from school?
9. Who should your child talk to if he or she is having trouble at school?
10. If you want to have a meeting with the school, is the school required to provide an interpreter?

Signature if recorded by someone other than above:

Name: _____

Date: _____

1. What grade are you in?
2. How do you get to school?
3. What do you wear to school?
4. Will you have to do school work at home?
5. Who do you ask for help in school?
6. What do you do if someone is mean to you or hurts you in school?
7. What should you do if you stay home from school because you are sick?
8. What happens if you get in trouble at school?
9. How does your teacher let you know how you are doing in school?

Signature if recorded by someone other than above:

Student Orientation Post-Test

Name: _____

Date: _____

1. What grade are you in?
2. How do you get to school?
3. What do you wear to school?
4. Will you have to do school work at home?
5. Who do you ask for help in school?
6. What do you do if someone is mean to you or hurts you in school?
7. What should you do if you stay home from school because you are sick?
8. What happens if you get in trouble at school?
9. How does your teacher let you know how you are doing in school?

Signature if recorded by someone other than above:

Evaluation: Cultural Presentation

School: _____ **Date:** _____

1. This presentation increased my understanding of the cultures of my refugee students.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

2. This presentation increased my understanding of supportive resources for serving my refugee students.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

3. I now feel better equipped to serve my refugee students.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

4. Comments/suggestions:

Evaluation: Cultural Presentation

School: _____ **Date:** _____

1. This presentation increased my understanding of the cultures of my refugee students.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

2. This presentation increased my understanding of supportive resources for serving my refugee students.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

3. I now feel better equipped to serve my refugee students.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

4. Comments/suggestions:

**Refugee School Impact Grant
(RSIG)**
Agency File Check-list

Affiliate:

Date:

Child Name: _____

Parent Name: _____

Child Alien #: _____

Parent Alien #: _____

DOA in US: _____

Date of Enrollment: _____

Case Files

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Tennessee Office for Refugees Enrollment Form w/ parent signature |
| <input type="checkbox"/> | Copy of I-94 with date stamp or other eligibility documentation |
| <input type="checkbox"/> | Casenotes, as applicable: |
| <input type="checkbox"/> | Student school orientation |
| <input type="checkbox"/> | Parent school orientation |
| <input type="checkbox"/> | Meeting with teacher and/or school personnel |
| <input type="checkbox"/> | School-related case management |
| <input type="checkbox"/> | Referral to a tutoring or after-school program |
| <input type="checkbox"/> | Any significant RSIG or school-related occurrence or observation |
| <input type="checkbox"/> | Copies of report cards and any other school-related documentation (report cards required for students enrolled in RSIG-funded after-school program) |
| <input type="checkbox"/> | Self Initiative Assessment Pre- and Post-Tests (required for students enrolled in RSIG-funded after-school program) |

Student School Orientation

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Original sign in sheets with both parent and student names listed |
| <input type="checkbox"/> | Copy of agenda and/or meeting notes |
| <input type="checkbox"/> | Copies of School Orientation Pre- and Post-Tests |

Parent School Orientation

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Original sign in sheets with both parent and student names listed |
| <input type="checkbox"/> | Copy of agenda and/or meeting notes |
| <input type="checkbox"/> | Copies of School Orientation Pre- and Post-Tests |

Teacher Training

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Original sign in sheets |
| <input type="checkbox"/> | Copy of agenda and/or meeting notes |
| <input type="checkbox"/> | Copies of Cultural Presentation Evaluation |



Excused Absence Notice

To whom it may concern:

My child, _____, was absent from school on _____
(Name) (Date)

for the following reason: ☐ Sick
☐ Doctor appointment: _____
☐ Religious Holiday: _____
☐ Other (please state): _____

If you have any questions, please call me at _____ or contact the School Liaison at
(Phone)
Catholic Charities of Nashville at (615) 259-3567.

Thank you,

(Parent's Name)



Excused Absence Notice

To whom it may concern:

My child, _____, was absent from school on _____
(Name) (Date)

for the following reason: ☐ Sick
☐ Doctor appointment: _____
☐ Religious Holiday: _____
☐ Other (please state): _____

If you have any questions, please call me at _____ or contact the School Liaison at
(Phone)
Catholic Charities of Nashville at (615) 259-3567.

Thank you,

(Parent's Name)



Problems in School

Date: _____

Dear _____,

My child, _____, is having problems in school. He/she is having problems with:

☐

Schoolwork

☐

Bullying from other students

☐

Understanding the teacher

Please call me at _____ or contact the School Liaison at
(Phone)

Catholic Charities of Nashville at (615) 259-3567.

(Parent or Guardian signature)