

2026-27 Lee County Elementary

Family Resource Center

Family Needs Survey

The school's Family Resource Center strives to meet the needs and interests of all students and their families. The information you provide will help us plan services, programs and activities. Please take a few minutes to fill out this simple, check-off survey and return it to your child's teacher. **Please complete ONE survey per family.**

Parent/Guardian Name: _____ Name of Student(s): _____

About Your Family (check all that apply)

- | | |
|---|---|
| ☐ We are a single-parent home | ☐ I have a child with special needs (learning, health, behavioral, etc.) |
| ☐ I am a new or expecting parent | ☐ We are a military family |
| ☐ I am raising a relative's child (grandchild, niece, nephew, etc) | ☐ There is an adult in the home <i>without</i> a high school diploma |
| ☐ We are a blended family (step-family) | |
| ☐ I have children under age 4 in the home | |

What social/emotional factors influence YOUR child's ability to reach his or her learning potential, if any (check all that apply)

- | | |
|---|---|
| ☐ Lack of self-esteem or self-confidence | ☐ Anger |
| ☐ Behavioral problems at home or school | ☐ Attendance (late or missing school too much) |
| ☐ Relationships with peers | ☐ Other _____ |
| ☐ Coping with grief | |
| ☐ Coping with divorce | |
| ☐ Anxiety/depression | |

In your opinion, what are the top three health issues that make learning challenging for your children?

- | | |
|--|---|
| ☐ Lack of sleep | ☐ Hygiene issues |
| ☐ Poor nutrition (i.e. junk food) | ☐ Vision/hearing needs |
| ☐ Not enough exercise | ☐ ADHD |
| ☐ Vaping or tobacco use | ☐ Other _____ |
| ☐ Dental issues | |

At any time during the last year, did you need assistance for your kids with any of the following? (Check all that apply)

- | | |
|---|---|
| ☐ Clothes or shoes | ☐ Medical care |
| ☐ Food | ☐ Hygiene products |
| ☐ School supplies | ☐ Housing for the family |
| ☐ Vision care | ☐ Other _____ |
| ☐ Dental care | |
| ☐ Household items (supplies, beds, etc.) | |

Additional helpful information:

- My child could use more after-school or summer enrichment activities. ☐ Yes ☐ No
- I am confident helping my child with schoolwork. ☐ Yes ☐ No

We are here to help students and families so that kids can be at their best to learn. If you would like assistance with ANY of the above items (or have a need that is not listed), you can list your name and contact number here: _____, OR you can contact me at hillary.best@lee.kyschools.us or 606-464-5020 OR come by the school.

Hillary Best, Lee County Elementary Family Resource Center

Lee County Family Resource Assistance Acknowledgement Form

The Lee County Family Resource Center aids in enriching the lives of our students and their families. While some events are considered school-wide or are grade specific, the Family Resource Center also offers assistance-based opportunities such as: weekend food bags, family food boxes, hygiene care, Christmas assistance, clothing assistance, and disaster replacement items.

Referrals for services may be made to the FRC by Lee County Elementary faculty and by parent request, but will be prioritized based on that individual child or family's need. Assistance will not automatically be renewed for the 2026-27 school year and the Family Resource Center must be informed of the continued need.

It will be the responsibility of the parent to regularly check backpacks for flyers informing of FRC events, to ensure that their current phone number is on file with the school, and to turn in any applications by their deadline. The Family Resource Center Coordinator will gladly assist in any of these matters, by request.

Please check the following that apply:

- ☐ **I permit the Family Resource Center to offer a change of clothes to my student, in the case of faculty referral (including spills, mud, etc.)**
- ☐ **I permit the Family Resource Center to send weekend food bags home with my student, in the case of faculty referral**
- ☐ **I permit my student to receive lice treatment in the Family Resource Center if it is deemed necessary by the school nurse**
- ☐ **I permit my student use Family Resource Center facilities for hygiene purposes, in the case of referral by school nurse or other faculty**
- ☐ **I would like to be contacted by the Family Resource Center if opportunities become available for assistance such as: holiday food boxes, new shoes, and Christmas assistance**
- ☐ **I do not permit my student(s) to receive any individual assistance from the Family Resource Center**

Please sign below to acknowledge you have read this form and understand that truancy may prevent your child and family from receiving any of the previously mentioned assistance.

Parent Signature: _____ Date: _____