

## Ethnic and Racial Identity Form

Indicate the ethnic and racial identity for each site under your At-Risk program. Enter the number of participants in the appropriate category. This information must be collected annually and kept on file at the sponsor level.

Name of Site: \_\_\_\_\_ Date information collected: \_\_\_\_\_

### Ethnicity:

Hispanic or Latino: \_\_\_\_\_ Not Hispanic or Latino: \_\_\_\_\_

### Race:

1. American Indian or Alaskan Native: \_\_\_\_\_
2. Asian: \_\_\_\_\_
3. Black or African American: \_\_\_\_\_
4. Native Hawaiian or Other Pacific Islander: \_\_\_\_\_
5. White: \_\_\_\_\_
6. Other: \_\_\_\_\_