# FAMILY ASSESSMENT

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

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| 1. Why did you refer your child to Early Intervention? |
| 2a. If you need help, who can you ask? |
| 2b. What do you need help with in providing for your child? (For example, health insurance or a pediatrician.) |
| 3a. What areas of your child’s development concern you? |
| 3b. What are your immediate priorities in obtaining help for your child? |
| 1. What would you like your child to achieve through the Early Intervention Program? |

Completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

(Signature and Title)

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