Family Assessment

Child's Name_____ Date of Birth___/____/_____

Family Member participating in the Family Assessment: _____

Method used to conduct family assessment: Personal Interview_____ Other_____

1. Do you need a family support system? Are you currently using any supports/resources in the community? Yes___ No____ What Kind? _____

   Do you have resources for housing, clothing, jobs, food, etc.? Yes___ No____
   What Kind? _____

2. What activities in the community would you and your family like to become involved in?
   How to meet other families? Yes____ No____
   Family activities that integrate a child with special needs? Yes_____ No_____
   Other_____

3. Would you like more information about your child's development or disability?
   Yes_____ No_____
   Planning for the future: Yes_____ No_____
   Equipment/supplies: Yes_____ No_____
   Support group/counseling: Yes_____ No_____
   Home modification: Yes_____ No_____

4. Do you need help accessing childcare or day care for your child? Yes_____ No_____

5. Do you need help in accessing health care? Yes_____ No_____
   Finding doctors? Yes_____ No_____

6. Would you like training in child development? Yes_____ No_____
   Resources for helping siblings/extended family adjust? Yes_____ No_____

Completed by_____ Date:_____
(Evaluator's signature and title)

***to be completed by the evaluator

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