

Family Assessment

Child's Name _____

Date of Birth ___/___/___

Family Member participating in the Family Assessment: _____

Method used to conduct family assessment: Personal Interview _____ Other _____

<p>1. Do you need a family support system? Are you currently using any supports/resources in the community? Yes___ No___ What Kind? _____</p> <p>Do you have resources for housing, clothing, jobs, food, etc.? Yes___ No___ What Kind? _____</p>
<p>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 _____</p>
<p>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___</p>
<p>4. Do you need help accessing childcare or day care for your child? Yes___ No___</p>
<p>5. Do you need help in accessing health care? Yes___ No___ Finding doctors? Yes___ No___</p>
<p>6. Would you like training in child development? Yes___ No___ Resources for helping siblings/extended family adjust? Yes___ No___</p>

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

***to be completed by the evaluator

