

## FAMILY ASSESSMENT FORM

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_

The family needs assessment identifies areas in your family's life that you would like us to consider in providing services for your child. These factors may include the need for support, the need for more information, and the need for assistance in dealing with family stresses such as medical, emotional, or financial difficulties. Identifying family concerns and priorities can help the IFSP Team develop functional outcomes/goals, and identify the services, supports and strategies to accomplish those outcomes.

\_\_\_\_\_ Yes, I would like the IFSP Team to consider the following information

\_\_\_\_\_ No, I am not interested in a family needs assessment at this time

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Listed below are some of the needs expressed by parents of children receiving Early Intervention:

### **Family's Need for Information**

Do you need more information about childhood development and behavior? Yes No

Do you need more information on how to play with, teach, or talk to your child? Yes No

Do you need more information about health concerns or nutrition? Yes No

Do you need information about play groups or community activities? Yes No

Do you need help locating a doctor, dentist, or daycare provider who can assist with your child's special needs? Yes No

### **Family Supports**

Do you have family and friends available for support? Yes No

Do you need assistance or support involving your child in community activities? Yes No

Would you like information about support groups for parents of children who have delays? Yes No

### **Family Stresses**

Is your family experiencing stress due to a medical illness or emotional difficulty? Yes No

Do you need financial counseling or assistance in paying for expenses such as housing, food, or medical care? Yes No

Do you need assistance in learning to manage your child's behavior? Yes No

**What are your family's greatest Needs, Concerns, Priorities and/or Resources at this time?**