

CHILD AND FAMILY ASSESSMENT GUIDE FOR FAMILIES

Our family's thoughts and observations of what we have and what we need to help our child learn and grow

Everyday interactions and routines are opportunities for children to learn and practice new skills. By understanding your child's everyday interactions and routines, your team can start to identify how early intervention can support your child, family, and other caregivers in the activities that are important to your family.

This tool is designed to assist your family in helping your team to understand how early intervention can be most helpful to you. **Please share only information that you are comfortable sharing.** You may use this tool in whatever way is most comfortable for you and your family. For example, you may write your responses to the questions below, use the tool to facilitate discussion with family members and other caregivers, simply read and reflect on the questions before you meet with your team, or use it as guide when you meet with your team. You may share the tool with your team, or not; the decision is yours.

To use, think about one or two routines that are going well for your child and the caregivers involved in those routines, and, for each routine, consider your responses to the questions below. Then think about one or two routines that are not going well for your child and/or the caregivers involved in those routines, and, for each routine, consider your responses to the questions below. On page three let your team know if there are resources, opportunities, and/or topics that are of interest to you; your team can assist you in gathering and evaluating information, making connections, etc.

Activity (Check One)

Wake Up Dressing Toileting/Diapering Mealtime/Snacks Outings Play Bath time
Bedtime/Naps Other: (Describe): _____

How's it going?

For you?

Going well Some concerns A lot of concern

For your child?

Going well Some concerns A lot of concern

For other caregivers?

Going well Some concerns A lot of concern

Comments/Details

1. Who is involved in this activity?

2. What is happening now?

- What does the child's participation in this activity look like?
- What does the caregiver's participation look like?
- What is happening when the child's engagement is most positive?
Most difficult?

3. Is this an area that you would like your early intervention team to support?

Yes No If yes, what would it look like if it was going well?

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Comments/Details

1. Who is involved in this activity?

2. What is happening now?

- What does the child's participation in this activity look like?
- What does the caregiver's participation look like?
- What is happening when the child's engagement is most positive?
- Most difficult?

3. Is this an area that you would like your early intervention team to support?

Yes No If yes, what would it look like if it was going well?

Things I would like more information about:

In early intervention, your team, primarily your service coordinator, may assist your family in obtaining information about the topics and resources listed below, or other things you may be wondering about. Please check any item with which you would like the team's assistance.

Areas of Interest

Places where my child can play with other children in the community

Childcare

Clothing, food, etc.

Housing Assistance

Health care and/or health insurance for my child

My child's diagnosis or disability

Talking with other parents

Parent support/ training/advocacy

Other: (Describe): _____

What type of assistance would you like?

Information and materials about topics, resources, etc

Evaluating information about topics and resources to determine relevance to my family

Steps to make a referral or obtain and submit an application

Assistance with making a referral or completing an application

Other

The people and resources that support our child and family:

In early intervention, we seek to build upon the resources and supports that are naturally occurring for you and your family. We ask you to identify the people and resources that you are currently using or could call upon to assist you and your child. Please list the people and resources that support your family (e.g. friends, neighbors, extended family, neighborhood play groups, community activities, parks, housing, insurance, social or religious organizations):