

Review of Head Start and Early Head Family Assessment



2022-2023 Early Head Start-Child Care Partnership Family Assessment Outcomes



Requirements

The Head Start Program Performance Standards (HSPPS) define the specific regulations for all Head Start and Early Head Start (EHS) programs serving infants, toddlers and preschoolers. Head Start programs prepare America's most vulnerable children to succeed in school and beyond. Head Start programs deliver services to children and families in core areas of early learning, health and family and community support services by engaging parents as partners every step of the way. The City of San Antonio Department of Human Services Head Start Division encompasses Head Start preschool programs, which primarily serves 3- and 4-year-old children and EHS, which provides services to children 6 weeks to 3 years old.

The Head Start Program Performance Standards (HSPPS), section 1302.52 (b) states a program must implement a family partnership process that includes identification of family strengths and needs related to the family engagement outcomes as described in the Head Start Parent Family and Community Engagement Framework (PFCE), including family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peer and the local community, and families as advocates and leaders.

Family Assessment

The City of San Antonio Department of Human Services Head Start Program utilizes the family assessment tool built into the program's ChildPlus data entry system. All families receive a family assessment at the Beginning of Year (BOY) and again at the End of Year (EOY).

The family assessment tool consist of various sections which include emergency crisis intervention, housing, safety, child education and development, parenting, education, health education, family support, transportation, advocacy and leadership development, and transitions which aligns to the PFCE Framework. Based on a series of questions, observations, and interactions with each family, each section is assigned a score based off of a three point rating system.

The Head Start philosophy is deeply rooted in building strong effective partnerships with families based on mutual respect and trust. Family assessment data is used to assist families with setting goals and to help with identifying which community resources and services to bring into the centers during parent engagement events and activities to meet the needs of the parents.

Family Assessment EHS 2022-2023

Participant Name: _____ ChildPlus ID: _____

Date Completed: _____ Case Worker: _____ School Year: _____

Scoring Legend: 3.0 Strength 1.0 Need
2.0 Adequate

Assessment Item	Beginning of Year Score	End of Year Score
General		
EMERGENCY CRISIS INTERVENTIONS		
Do you need immediate assistance with food, clothing, shelter, other? 3: Strength <ul style="list-style-type: none"> •Has basic needs met •Knows where to find help •Lives in a community where resources are abundant 2: Adequate <ul style="list-style-type: none"> •Does not have all basic needs met •Has some knowledge of available services •Can access services, if needed, with help 1: Need <ul style="list-style-type: none"> •Needs assistance with meeting all basic needs for clothing, food and shelter •Services are needed but family has no knowledge of what services are available or how to find out •Services or resources are utilized only when initiated by an outside source 		
HOUSING		
Do you need assistance with housing, rent/mortgage, utilities or home repairs? 3: Strength <ul style="list-style-type: none"> •Lives in housing of choice, or is satisfied with housing/community situation •Rent or payment options seem feasible and can be made without major concerns •Owns or has long term occupancy 2: Adequate <ul style="list-style-type: none"> •Lives in or has access to adequate housing •Rent or payment options can be met but are sometimes a concern •Tenancy is secure for at least 6 months 1: Need <ul style="list-style-type: none"> •Lives in temporary or transitional housing •Uncertain of where the family will live a month from now •On the verge of homeless •Homeless •Finances for stable housing are not routinely available 		
SAFETY		
Do you and your family feel safe at home and in your community/neighborhood? 3: Strength <ul style="list-style-type: none"> •Housing is safe and meets family's needs •Safe home and neighborhood or perceived as such by the family •Has support from family/friends/community 2: Adequate <ul style="list-style-type: none"> •Family feels neighborhood is relatively safe •Housing is not hazardous or unhealthy •Would like information on a home safety plan 1: Need <ul style="list-style-type: none"> •Lives in unsafe, deteriorating or overcrowded housing •Lives in dangerous conditions •Does not have a home safety plan in place 		

Assessment Notes:

Family Assessment EHS 2022-2023

Participant Name: _____ ChildPlus ID: _____

Assessment Item	Beginning of Year Score	End of Year Score
CHILD EDUCATION AND DEVELOPMENT		
<p>Are you able to participate in your child's classroom learning?</p> <p>3: Strength</p> <ul style="list-style-type: none"> •Recognizes his/her role in educating their child; participates in a variety of activities with their child (games, crafts, counting, reading, make believe/ imagination games) •Has access to learning resources for their child; has library card and goes weekly, reads 5-7 times a week •Parent is interested in volunteering in the classroom <p>2: Adequate</p> <ul style="list-style-type: none"> •Feels somewhat confident about their child's learning; participates in some activities with child •Sometimes reads to their child; reads 3-5 times a week •Has access to some learning resources for their child <p>1: Need</p> <ul style="list-style-type: none"> •Unable to support their child in any learning activities; child spends most of their time on electronics •Parent is not involved in any campus activities •Parent has several concerns about their child's behavior •Limited access to learning resources; reads 0-2 times a week to child 		
PARENTING		
<p>Would you like to participate in Parenting Education training?</p> <p>3: Strength</p> <ul style="list-style-type: none"> •Seems confident in their level of parenting skills; child generally well behaved •Understands their child's needs and provides accordingly; bedtime is 7-8pm •Consistent, observable, age appropriate parenting practices; eat together <p>2: Adequate</p> <ul style="list-style-type: none"> •Some daily routines; eats 3-5 times a week together •Unsure of parenting role; child sometimes doesn't remember to follow rules •Some understanding of their child's needs and development; bedtime is 8-10pm <p>1: Need</p> <ul style="list-style-type: none"> •No routine or consistency; eats 0-2 meals together •History of parental problems (ex. CPS case); child's behaviors changes use of physical discipline as a form of punishment •No understanding of child development or needs; bedtime is after 10pm 		
EDUCATION		
<p>Do you plan to pursue any educational goals including GED, College, ESL training, or Career Training?</p> <p>3: Strength</p> <ul style="list-style-type: none"> •Post-secondary education or training •Positive attitude towards learning •Can pursue educational goals without additional resources or support <p>2: Adequate</p> <ul style="list-style-type: none"> •High school or equivalent education or currently enrolled in adult education or vocational courses •Has plans to pursue educational training of some sort •Can set and pursue education goals with assistance <p>1: Need</p> <ul style="list-style-type: none"> •Less than a 9th grade education •Does not consider learning a priority •Very limited ability to participate in educational or personal development goals 		

Assessment Notes:

Family Assessment EHS 2022-2023

Participant Name: _____ ChildPlus ID: _____

Assessment Item	Beginning of Year Score	End of Year Score
HEALTH EDUCATION		
<p>Do you or any member of your household require health education? Example: Prenatal, Diabetes, Nutrition</p> <p>3: Strength</p> <ul style="list-style-type: none"> •Very attentive to health care issues •All family members have medical coverage •Families have established medical homes and keep up with routine visits <p>2: Adequate</p> <ul style="list-style-type: none"> •Family reports inadequate or inaccessible health care •Some medical problems noted and are not being addressed <p>1: Need</p> <ul style="list-style-type: none"> •Medical problems are not being addressed; no care is being received •Children's health is endangered 		
FAMILY SUPPORT		
<p>Have there been any changes in family size due to extenuating circumstances? Ex: Domestic Violence, Incarceration, Separation or Divorce, Drug, Alcohol or Substance Abuse?</p> <p>3: Strength</p> <ul style="list-style-type: none"> •Family is able to note sources of support and access support as needed •Family strengths are easily identified •Emotional needs are recognized and met appropriately •Has family and friends who they can count on for support all the time <p>2: Adequate</p> <ul style="list-style-type: none"> •Family is able to note at least one source of support •Has difficulty recognizing strengths of the family •Family has three or more emotional needs not being met at the present time •Has few friends and family who they can count on for support <p>1: Need</p> <ul style="list-style-type: none"> •Family does not access support from others; Does not recognize strengths •There are sudden changes in the family •Does not have any friends or family who they can ask for support 		
TRANSPORTATION		
<p>Do you have access to safe and adequate transportation?</p> <p>3: Strength</p> <ul style="list-style-type: none"> •Has current driver's license •Has access to transportation all the time •Vehicle is safe <p>2: Adequate</p> <ul style="list-style-type: none"> •Does not have a license •Generally, has access to some form of safe transportation •Has and maintains own vehicle or other means of transportation <p>1: Need</p> <ul style="list-style-type: none"> •Has revoked or suspended license •No access to transportation •No money to obtain transportation 		

Assessment Notes:

Family Assessment EHS 2022-2023

Participant Name: _____ **ChildPlus ID:** _____

Assessment Item	Beginning of Year Score	End of Year Score
ADVOCACY AND LEADERSHIP DEVELOPMENT		
<p>Are you interested in a leadership role on the Policy Council (PC)?</p> <p>3: Strength</p> <ul style="list-style-type: none"> •Has participated in PC, Parent Meetings (ex: Lector in Church, PTA) •Wants to participate in leadership roles (Advisory Committees) •They believe they are a leader in their child's life and in their community <p>2: Adequate</p> <ul style="list-style-type: none"> •Attends community functions/meetings (PTA, Fatherhood, Principal meetings) •Would like to improve leadership skills (working with others, public speaking, etc.) <p>1: Need</p> <ul style="list-style-type: none"> •They do not feel able to effectively advocate for their child or themselves •Is interested in information about the PC, Parent Meetings and Volunteer Opportunities 		
TRANSITIONS		
<p>Have you had any other children in your family who has moved between two programs such as an early Learning Program, Early Head Start, Head Start or Kindergarten?</p> <p>3: Strength</p> <ul style="list-style-type: none"> •Has participated in a HS, etc. and is aware of the changes that may/will occur •Aware of school registration process and has support (family and friends) •Uses transition times to help their child learn. Talks about issues that may come up <p>2: Adequate</p> <ul style="list-style-type: none"> •Would like to attend Transitional Meetings to talk about changes upcoming •Feels comfortable asking for a meeting/sharing with child's Teacher •Is patient/understanding with their child when they are transitional <p>1: Need</p> <ul style="list-style-type: none"> •Unaware how to register their child for other programs/other choices •Does not know how to support their child when he/she transitions •Not comfortable asking for a meeting/sharing with teacher about their child 		

Assessment Notes:

Family Assessment HS 2022-2023

Participant Name: _____ **ChildPlus ID:** _____

Date Completed: _____ **Case Worker:** _____ **School Year:** _____

Scoring Legend:

4.0	Significant Strength	2.0	Significant Support
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3.0	Strength	1.0	Immediate Support
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Assessment Item	Beginning of Year Score	End of Year Score
Family Life Practices		
Family Routines		
<p>4.0 Significant Strength: My child has a consistent wake-up and bedtime routine. My child eats with at least one adult member of the family 5-6 times/week.</p> <p>3.0 Strength: My family follows regular routines most of the time. My child eats with at least one adult at least 4 times a week. My child wakes up tired sometimes. He/she gets less than 10 hours of sleep per night.</p> <p>2.0 Significant Support: My family follows regular routines less than half of the time. We eat together about 2-3 times a week. My child sometimes misses school or is late.</p> <p>1.0 Immediate Need My family does not have a regular bedtime or wake-up routine. We rarely eat together as a family. My child often misses school or is late.</p>		
Experience Rich Environment		
<p>4.0 Significant Strength I expose my child to lots of activities and experiences to expand his/her language and learn new skills. I limit the amount of time my child spends watching TV and using other electronic devices (video games, phone or tablet) each day. For families already in our program (2nd year): My family enjoys completing the Home Learning Activities and consistently submits to the teacher.</p> <p>3.0 Some Support My child and I often attend large family gatherings or go on outings in the community on a regular basis- at least twice in the past two weeks. My child and I play educational games or activities at least once a week. **GUIDANCE: Such as Ready Rosie activities, Sesame Street Communities, or games like naming items, labeling, identify colors, counting, or sorting.** My child is involved in 2-3 hours of screen time (TV, video games, phone or tablet) each day.</p> <p>2.0 Significant Support My child and I sometimes visit the local library, museums or attend community events - at least once in the last two weeks. My child is involved in three-four hours of screen time (TV, video games, phone or tablet) each day. My child sometimes watches shows that are intended for an adult audience. **GUIDANCE: such as watching shows intended for teenagers or up. Show you like on channels other than Disney Jr., Nick Jr., such as news, adult cartoons. Even in the room when watching your shows.**</p> <p>1.0 Immediate Support My child is involved in more than four hours of screen time each day (TV, video games, phone or tablet); TV is on most of the day. **GUIDANCE: to exclude remote learning computer usage.** I rarely play games or interact with my child after school or on weekends. **GUIDANCE: Games that are not inclusive of screen time** My child stays indoors most of the time. **GUIDANCE: Little to no outdoor time**</p>		

Assessment Notes:

Family Assessment HS 2022-2023

Participant Name: _____ ChildPlus ID: _____

Assessment Item	Beginning of Year Score	End of Year Score
Promote Language and Literacy		
<p>4.0 Significant Strength I read with my child almost every day for at least 20 minutes. I regularly practice counting, rhyming, and singing with my child. I have a library card and visit often with my child.</p> <p>3.0 Some Support I often read with my child and engage in other literacy activities more than twice a week. And/Or I am interested in getting a library card or have a card but unable to frequently take my child to the library. **GUIDANCE: Unable does not mean incapable. Prompt parents to explain their inability to.</p> <p>2.0 Significant Support I sometimes read with my child and engage in other literacy activities in the home about once a week. And/Or I do not have a library card and I don't know where the library is located in my neighborhood.</p> <p>1.0 Immediate Support I am unable to read to my child or promote his/her language development. ** GUIDANCE: prompt parent to explain why?** Or I currently don't have any books at home for my child. I currently am in need of book in my home for my child.</p>		
Positive Guidance		
<p>4.0 Significant Strength I never raise my voice or use physical discipline to manage my child's behavior. I help my child understand the rationale for rules and family expectations. I do my best to model appropriate behaviors.</p> <p>3.0 Some Support I rarely raise my voice or use physical discipline to discipline my child. Most interactions with my child are positive. I recognize that managing my child's behavior is not always easy, and I want to learn additional strategies to guide his/her behavior.</p> <p>2.0 Significant I sometimes raise my voice or use physical discipline to control my child. I am frustrated that my child "won't listen" at times. My child is frequently in time out. I would like to learn other strategies to manage my child's behavior.</p> <p>1.0 Immediate I often raise my voice or use physical discipline to manage my child's behavior. I have tried other forms of discipline and nothing has worked. OR I don't know other forms of discipline.</p>		

Assessment Notes:

Family Assessment HS 2022-2023

Participant Name: _____ ChildPlus ID: _____

Assessment Item	Beginning of Year Score	End of Year Score
Family Health & Well Being		
Adult Health and Wellness		
<p>4.0 Significant Strength All adults in our family are healthy, have access to quality medical care and/or are insured.</p> <p>3.0 Some Support We use a local clinic when adults get sick, but do not have insurance or a regular doctor. AND/OR Some adults in my family have chronic health conditions but are getting the medical care they need.</p> <p>2.0 Significant Support Some of the adults in my family have chronic health conditions and are not receiving the medical care they need.</p> <p>1.0 Immediate Support Our family cannot afford medication for adult family members who are sick. AND/OR We have an adult family member(s) who currently has untreated medical/dental problem that impairs their functioning or ability to care for their children.</p>		
Social Networks		
<p>4.0 Significant Strength I have friends and family who I can count on for support all the time and in all areas of my life, and I'm always there to support them.</p> <p>3.0 Some Support I have friends and family I can count on when I have an emergency, who have helped me find a place to stay and/or get a job, and who I support in the same ways when they need help</p> <p>2.0 Significant Support My friends and family are not reliable sources of support, rarely would be able to help me find a place to stay or get a job and I am reluctant to support them.</p> <p>1.0 Immediate Support I do not have any friends or family who I could ask for support, who could help me find a job or place to stay or who I would be willing to help if they needed support.</p>		
Access to Resources		
<p>4.0 Significant Strength My family has strong social connections through friends, neighbors, place of worship and/or community providers. We know where to get help from community agencies when needed.</p> <p>3.0 Some Support My family has strong social connections, but we would like to learn more about the resources and services available within the community.</p> <p>2.0 Significant Support My family doesn't know the community very well and we have limited friends, family or religious community members to support us.</p> <p>1.0 Immediate Support My family needs help with basic needs and we don't know what to do or where to go for assistance.</p>		

Assessment Notes:

Family Assessment HS 2022-2023

Participant Name: _____ ChildPlus ID: _____

Assessment Item	Beginning of Year Score	End of Year Score
Emotional Support <p>4.0 Significant Strength I feel I have the resources to meet life challenges in healthy ways. I feel fully engaged in life. I have a reliable support network to turn to when I'm sad or upset</p> <p>3.0 Some Support I feel sad and lonely occasionally. It is sometimes difficult to shake off the blues and get going. I sometimes deal with emotional and personal issues that make it difficult for me to function on a daily basis. I have a family member, friend, clergy who I seek out when I'm sad/upset. I have previously been treated or I would like more information on coping skills or stress management or mental health issues.</p> <p>2.0 Significant Support I often feel sad and lonely. I find it hard to shake off the blues and get going. I often deal with emotional and personal issues that make it difficult for me to function on a daily basis. I am reluctant to talk with others when I'm feeling this way. I am currently or in the last year being treated.</p> <p>1.0 Immediate Support I feel sad and lonely all of the time and I have often thought about hurting myself. I am dealing with emotional and personal issues that make it difficult for me to function on a daily basis. I have no one to talk to when I'm feeling this way.</p>		
Family Relationships <p>4.0 Significant Strength My current relationships are healthy and supportive. We are able to resolve disagreements through problem- solving and open communication. I have not experienced domestic violence in previous relationships. OR I am currently not in any unhealthy relationship.</p> <p>3.0 Some Support In my current relationship and I we sometimes fight and I would like to learn how to resolve conflict in a healthy way and am interested in gaining skills to communicate better. I am not afraid of my spouse or partner. I have experienced and received help for domestic violence in previous relationships.</p> <p>2.0 Significant Support My current relationship (spouse or partner or family member(s)) and I have respond to each other in physical or verbal violence. I am often fearful that aggression is putting me or members of my household at risk of emotional or physical harm. I currently have or have recently had an order of protection in place for my spouse or partner.</p> <p>1.0 Immediate Support I don't feel physically/emotionally safe in my current relationship(s). In my current relationship(s), we are physically harmful when we are angry. I am fearful of leaving my current relationship.</p>		

Assessment Notes:

Family Assessment HS 2022-2023

Participant Name: _____ **ChildPlus ID:** _____

Assessment Item	Beginning of Year Score	End of Year Score
Alcohol and Drug Use		
<p>4.0 Significant Strength No one in my family uses drugs or alcohol. There is no history of alcohol or drug abuse in my family.</p> <p>3.0 Some Support I use drugs and/or alcohol on occasion and it does not impact my judgment or my ability to care for my child. In the last 5 years, I have experienced legal problems with drug or alcohol use. There is some family history of drug or alcohol abuse.</p> <p>2 Significant Support I use drugs or alcohol weekly and it sometimes impacts my judgment or my ability to care for my child. In the last year, I have experienced legal problems with drug or alcohol use. I have had previous treatment for alcohol or drug abuse, or am currently receiving treatment for alcohol or drug abuse.</p> <p>1 Immediate Need Recently a concerned friend or relative has talked to me about my alcohol and/or drug use. Recently or within the past 6 months, I have experienced legal problems with drug or alcohol use. I sometimes cannot remember things that happened when I was drinking or getting high.</p>		
Support for Children		
Children with Special Needs		
<p>4.0 Significant Strength My child has special needs and I receive strong support from family, friends, the school my child attends and the district's special education department and Local Education Agency (LEA) or The Program for Infants and Toddlers with Disabilities (Part C of IDEA) service providers. OR My child does not have special needs at this time.</p> <p>3.0 Some Support My child receives support for special needs and I would like to know more about my rights and types of services available to him/her.</p> <p>2.0 Significant Support My child has special needs and I'm not satisfied with the support he/she receives. I'm concerned that his/her needs aren't being met.</p> <p>1.0 Immediate Support My child has special needs and is not receiving any support or services.</p>		
Child Health and Wellness		
<p>4.0 Significant Strength My child has a regular doctor and dentist and high quality medical and dental insurance.</p> <p>3.0 Some Support My child has medical and dental care and insurance, but I would like to find different doctors or dentists.</p> <p>2.0 Significant Support My child does not have consistent doctors or dentists and sometimes cannot afford care because of lack of insurance or lack funds to pay for care.</p> <p>1.0 Immediate Support My child has a serious medical condition and is not receiving care that he/she needs for their illness.</p>		

Assessment Notes:

Family Assessment HS 2022-2023

Participant Name: _____ ChildPlus ID: _____

Assessment Item	Beginning of Year Score	End of Year Score
Self-Sufficiency		
Housing and Community		
<p>4.0 Significant Strength I own a home or maintain a stable rental without housing subsidy assistance.</p> <p>3.0 Some Support I have stable subsidized housing that meets my basic needs. OR I would like to find a nicer house or neighborhood.</p> <p>2.0 Significant Support I am living with friends or family or in an unsafe or poorly maintained house or apartment. OR I am having trouble keeping up with our current rent or mortgage.</p> <p>1.0 Immediate Support I am about to be evicted or in danger of being homeless. OR I am currently homeless.</p>		
Transportation		
<p>4.0 Significant Strength I have a reliable car or easy access to public transportation.</p> <p>3.0 Some Support I have a vehicle or access to public transportation, but sometimes I need help getting to appointments or getting my child to school.</p> <p>2.0 Significant Support I have trouble getting to work, school and keeping appointments. I frequently rely on others for rides.</p> <p>1.0 Immediate Support I do not have any way to get around by vehicle or public transportation, which makes it impossible to get to school or work.</p>		
Employment		
<p>4.0 Significant Strength My current job provides sufficient income to meet my family's needs and wants.</p> <p>3.0 Some Support I have a job but would like a better one. OR I have not been working but would like to find a job now.</p> <p>2.0 Significant Support I need help finding employment. OR I have been out of work for a long time and have been supporting my family with public benefits and/or help from others.</p> <p>1.0 Immediate Support I am unemployed and do not have public benefits or help from others to support my family.</p>		

Assessment Notes:

Family Assessment HS 2022-2023

Participant Name: _____ **ChildPlus ID:** _____

Assessment Item	Beginning of Year Score	End of Year Score
Education		
<p>4.0 Significant Strength I'm fully satisfied with my current level of education. My education allows me to meet employment goals and dreams for me and my family.</p> <p>3.0 Some Support I have completed high school or a high school equivalency certification like a GED, and I would like to further my education. OR I have some college/technical training and I am interested in pursuing more.</p> <p>2.0 Significant Support I need more education to get a better job or to help my children succeed in school.</p> <p>1.0 Immediate Support I cannot read or write in English or native language. OR I cannot find a job because of my education level.</p>		
Socialization		
<p>4.0 Significant Strength I have lots of family and community support and feel comfortable and safe in the US.</p> <p>3.0 Some Support I am doing all right but would like to speak English better and get to know more people.</p> <p>2.0 Significant Support I am having difficulty finding work because of my current immigration status and/or inability to speak English.</p> <p>1.0 Immediate Support My family members are being held for deportation, are in the middle of deportation hearings or currently working with a deportation lawyer to avoid being deported.</p>		
Child Care		
<p>4.0 Significant Strength My child(ren) have high quality and stable childcare from a Center, school program or relatives.</p> <p>3.0 Some Support My child(ren) have child care, but I would like to find a higher quality provider or more consistent care.</p> <p>2.0 Significant Support My current childcare for my child(ren) is not reliable and often falls through.</p> <p>1.0 I currently have children not enrolled in the HS program or after school care who do not have childcare or the quality of care is very poor. I need child care for them to attend school or go to work.</p>		

Assessment Notes:

Family Assessment HS 2022-2023

Participant Name: _____ ChildPlus ID: _____

Assessment Item	Beginning of Year Score	End of Year Score
Family Finances		
4.0 Significant Strength My family lives within a well-managed budget. We have savings to address emergencies, good credit and minimal debt.		
3.0 Some Support My family relies on a combination of income and/or housing, SNAP, WIC subsidies to meet basic needs.		
2.0 Significant Support Sometimes it is difficult to meet basic needs. We have significant debt and no savings. Sometimes we rely on others to make ends meet.		
1.0 Immediate Support We cannot meet basic needs: there is little to no money.		

Assessment Notes:



Family Strengths Self-Assessment

Family Member's Name:

Child's Name:

Child's Center/Classroom:

Date Completed:

Family Support Worker:

Welcome to The Head Start Program! We are delighted that your child is a part of our Head Start program.

We look forward to a wonderful partnership to support your child's school readiness together. As outlined in the Family Involvement Contract that you signed when your child enrolled in our program, two of the ways that we support this partnership are:

- To work with you to set goals that will support your child's education at home
- To help you identify your strengths and skills and work with you to reach your own goals.

In order to accomplish these two goals, we'd like to learn a little more about your family. We're interested in what you consider your family's greatest strengths as well as areas where you think your family might benefit from some support.

To help us get to know you, we'd appreciate if you would take a few minutes at the Center to complete this Family Strengths Self-Assessment. This questionnaire allows us to gather information about your family in many different areas that are critical to your child's healthy development.

All of the information that you provide is strictly confidential and will not be shared with any other families or influence your child's placement in our program. Some of the questions may seem personal. Please understand that we are not asking these questions to pry, but because the information can help us support you in areas where your family might be experiencing stress that can be harmful to your child's development.

If you need assistance filling out this Self-Assessment or have any questions, our family services staff are here to help. Once you have completed the survey, our staff will review and follow up with you to begin to set goals to support you and your child.

Thank you for your time! We are privileged to partner with your family!



A. FAMILY LIFE PRACTICES

1. Family Routines:

How many times did your family (at least one adult and children) eat together last week?

- ☐ Every night
- ☐ 4-6 times
- ☐ 3-5 times
- ☐ 1-2 times
- ☐ None

How similar was this to other weeks?

- ☐ Same as other weeks
- ☐ We generally eat together more often than we did last week
- ☐ We generally eat together less often than we did last week
- ☐ Not sure it depends on the week

How many times did you or another adult family member cook dinner for your family last week?

- ☐ Every night
- ☐ 4-6 times
- ☐ 3-5 times
- ☐ 1-2 times
- ☐ None

What time did your child go to sleep last night?

- ☐ Between 7:30 and 8:00 PM
- ☐ Between 8:00 and 9:00 PM
- ☐ Between 9:00 and 10:00 PM
- ☐ After 10:00 PM

How similar was this to other weeknights?

- ☐ Same as other weeknights
- ☐ My child generally goes to sleep earlier than he/she did last night
- ☐ My child generally goes to sleep later than he/she did last night
- ☐ It depends on the night - my child goes to sleep at different times many nights

What time did your child wake up this morning?

- ☐ 6:00 am or earlier
- ☐ Between 6:00 and 7:00 AM
- ☐ Between 7:00 and 8:00 AM_
- ☐ After 8:00 AM_____

How similar was this to other weekday mornings?

- ☐ Same as other mornings
- ☐ My child generally gets up earlier than he/she did this morning
- ☐ My child generally gets up later than he/she did this morning
- ☐ It depends on the morning – my child wakes up at different times many mornings

What generally happens when it's time for your child to put away his/her toys?

- ☐ My child always puts away the toys or helps me or others in our house put away the toys every day
- ☐ My child sometimes puts away the toys or helps me or others in our house put away the toys
- ☐ We try to have our child help put away his/her toys, but he/she doesn't like to help
- ☐ We generally leave our child's toys out and don't put them away



2. Experience Rich Environment

Check all of the kinds of activities that you did with your child at home in the last two weeks.

- ☐ Played board or card games together
- ☐ Played electronic games together
- ☐ Painting, cutting, or pasting activities together
- ☐ Played outside together
- ☐ Played imagination games – like make believe together
- ☐ Read to my child
- ☐ Completed Parent/Child Activities from the calendar sent home by my child's teacher
- ☐ Child helped me with cooking, cleaning or other household activities
- ☐ Others _____

How many times in the last two weeks did your family go on recreational outings together?

- ☐ More than six times
- ☐ Four to six times
- ☐ Two-three times
- ☐ Once
- ☐ None

If you went out together, where did you go? (Check all that apply)

- ☐ Visiting family or friends
- ☐ Local park or playground
- ☐ Beach or pool
- ☐ Local museum or cultural institution
- ☐ Special activity (theme park, special children's event such as play or puppet show)
- ☐ Others _____

How much time did your child spend watching TV or playing on a computer/tablet/phone yesterday?

- ☐ None
- ☐ One Hour
- ☐ Two-Three Hours
- ☐ Three to Five Hours
- ☐ More than Five Hours

How similar was this to other days?

- ☐ Similar to most other days
- ☐ My child watched more television yesterday than he/she does on most days
- ☐ My child watched less television yesterday than he/she does on most days
- ☐ It depends on the day – my child watches different amounts of television each day

Please check all that describe your child's TV and computer time.

- ☐ My child generally watches TV with an adult
- ☐ My child generally watches TV on his/her own, or with other children in our house
- ☐ My child generally watches children's shows only.
- ☐ My child sometimes watches adult shows with me or other adults in our household
- ☐ I don't allow my child to watch some TV shows.
- ☐ My child likes to play video games on my phone or tablet
- ☐ My child likes to watch movies or YouTube clips on my phone or tablet
- ☐ My child's favorite TV show and/or video game is _____



3. Promoting Literacy in the Home Environment

When was the last time that you read to your child?

- ☐ I read to my child last night.
- ☐ I read to my child within the last two days.
- ☐ I read to my child within the last week.
- ☐ I read to my child within the last two weeks.
- ☐ I don't generally read to my child

What was the name of the last book that you read to your child? _____

How many times did you read to your child in the last week?

- ☐ Every night
- ☐ 4-6 times
- ☐ 3-5 times
- ☐ 1-2 times
- ☐ None

How similar was this to most weeks?

- ☐ Same as other weeks
- ☐ We generally read to our child more than we did last week
- ☐ We generally read less to our child than we did last week
- ☐ It depends on the week – it's different from week to week

Do you have a library card?

- ☐ Yes
- ☐ No

If yes, how many times did you take your child to the library last month?

- ☐ Every week
- ☐ Two- Three times
- ☐ Once
- ☐ We didn't go to the library last month

In the last week, how many times did you play counting games or do activities with your child where you were discussing numbers?

- ☐ Every day
- ☐ 4-6 times
- ☐ 3-5 times
- ☐ 1-2 times
- ☐ I don't think we did any counting or number activities last week.

In the last week, how many times did you sing songs or play rhyming games with your child?

- ☐ Every day
- ☐ 4-6 times
- ☐ 3-5 times
- ☐ 1-2 times
- ☐ I don't think we sang any songs or played rhyming games last week.

Does your child have a favorite song or rhyming game?

- ☐ Yes
- ☐ No

If yes, what is it? _____



4. Positive Discipline

How well does your child follow the rules that you have for him/her?

- ☐ My child is generally very well behaved and is able to follow the rules we've set for him/her.
- ☐ My child sometimes doesn't remember to follow our rules, but follows them when reminded
- ☐ My child's behavior changes from one day to the next. Sometimes he/she follows our rules and sometimes not.
- ☐ Our child often has a difficult time following the rules we have in our house for him/her.

What do you do when your child says, "No I don't want to" or "No, I won't"?

When is your child most likely to say no? Please check all that apply.

- ☐ When he/she is doing something enjoyable and doesn't want to stop
- ☐ When he/she is tired
- ☐ When it's time to get up, get dressed or go to sleep
- ☐ When he/she is in a new situation
- ☐ When one of his/her caretakers needs to leave
- ☐ Other times? _____

What kinds of things does your child do when he/she misbehaves? Please check all that apply.

- ☐ Has trouble sharing with siblings or other children
- ☐ Touches something that we've asked him/her not to touch
- ☐ Yells and screams and throws tantrums when asked to do something he/she doesn't want to do
- ☐ Gets quiet or runs away
- ☐ Bites or hits
- ☐ Other _____

When do you use time-out with your child?

- ☐ Never
- ☐ Less than once a week
- ☐ A few times a week
- ☐ Every day

If you use time out, generally how long do you put your child in time out? _____

When do you use physical punishment, such as spanking, with your child?

- ☐ Never
- ☐ Less than once a week
- ☐ A few times a week
- ☐ Every day

Are there things that you think you could do better when disciplining your child? Please describe:



B. FAMILY HEALTH & WELL-BEING

1. Adult Health and Wellness

How satisfied are you with the current quality of your medical care for yourself and other adult family members?

- ☐ All of the adults in our family are healthy and have high quality medical care - This is an area of significant strength in my family.
- ☐ We use a local clinic when we get sick, but do not have insurance or a regular doctor - My family could benefit from some support in this area.
- ☐ Some of the adults in our family have chronic health conditions and do not have the care that we need - My family could benefit from significant support in this area.
- ☐ We cannot afford the medication for adult members who are sick OR currently have an untreated medical/dental problem - My family needs help in this area right now

Do you or any of the other adults living in your home smoke?

- ☐ Yes
- ☐ No

If yes, do you/other adults smoke inside your home?

- ☐ Yes,
- ☐ Yes, but not in children's rooms or when they are home
- ☐ No

If yes, would you like assistance with quitting?

- ☐ Yes
- ☐ No

2. Social Networks

Do you have anyone in your support systems such as your extended family, friends, church, or close relationships that you can rely on if needed?

- ☐ Yes
- ☐ No

Are you comfortable asking your support system for help?

- ☐ Yes
- ☐ No

If so, what kinds of support? _____

Is this for everyday situations or times of need/emergency?

- ☐ Everyday
- ☐ Only in cases of need/emergency

Are you someone's support system?

- ☐ Yes
- ☐ No

3. Access to Community Resources

How satisfied are you with the resources that are available to you in your community?

- ☐ We have strong social networks through our friends, neighbors, place of worship, and town, and know where to get help from community agencies when we need it - This is an area of significant strength in my family.
- ☐ We have strong social networks but would like to learn more about the resources and services available to us in our community - My family could benefit from some support in this area.
- ☐ We don't know the community very well, and have limited friends or family, or church members to support us - My family could benefit from significant support in this area
- ☐ We need help with basic needs for our family and don't know what to do or where to go - My family needs help in this area right now



4. Emotional Support

Please indicate how often you have felt the following ways in the past week:

N: None of the time

S: Some or a little

O Occasionally

M: Most of the time.

- | | | | |
|---|-------|---|-------|
| 1. Were bothered by things that usually don't bother you. | _____ | 6 Sleep was restless or you slept a lot during the day. | _____ |
| 2. Did not feel like eating; your appetite was poor or ate more than usual. | _____ | 7. Talked less than usual. | _____ |
| 3. Felt that you could not shake off the blues even with help from family or friends. | _____ | 8 Felt lonely. | _____ |
| 4. Had trouble keeping your mind on what you were doing. | _____ | 9. Felt sad. | _____ |
| 5. Felt that everything you did was an effort. | _____ | 10. Could not get "going." | _____ |

Have you ever received help or taken medication because you were feeling depressed?

- ☐ Yes
☐ No

5. Family Relationships

What is your marital status?

- ☐ Single, never married
☐ Married
☐ Divorced
☐ Widowed

Are you currently in a relationship with another person?

- ☐ Yes
☐ No

If yes, for how long? _____

Have you ever been afraid of your current partner/spouse?

- ☐ Yes
☐ No

Have you even been in a relationship with another person where you were afraid for your safety?

- ☐ Yes
☐ No

Have you ever filed an order of protection against a person you were involved with?

- ☐ Yes
☐ No

6. Alcohol and Drug Use

Do you have concerns with alcohol use in the home?

- ☐ Yes
☐ No
☐ Decline to answer

If yes, would you like to discuss further with your Family Support Worker or Family Wellness Specialist?

- ☐ Yes
☐ No



Do you have concerns with drug use in the home?

- ☐ Yes
- ☐ No
- ☐ Decline to answer

If yes, would you like to discuss further with your Family Support Worker or Family Wellness Specialist?

- ☐ Yes
- ☐ No

Have you or other family members ever received treatment for alcohol or drug addiction?

- ☐ Yes
- ☐ No
- ☐ Decline to answer

If yes, who, and how long ago? _____

C. SUPPORT FOR CHILDREN

1. Children with Special Needs

Does a child that you have enrolled in our program have a disability, or a special need?

- ☐ Yes
- ☐ No

If there are any siblings, do any of them have a disability or a special need?

- ☐ Yes
- ☐ No

If yes to either of the above questions, how satisfied are you with the support and services that your family is receiving for this child?

- ☐ We have strong support from our family, friends, and LEA or Part C service providers. - This is an area of significant strength in my family
- ☐ Our child is receiving support, but we would like to know more about our rights and the kinds of services available to him/her - My family could benefit from some support in this area –
- ☐ We are not satisfied with the support that our child is receiving and are concerned that our child's needs are not being met - My family could benefit from significant support in this area –
- ☐ Our child is not receiving services and we need help securing support - My family needs help in this area right now –

2. Child Health and Wellness

Do you have access to a continuous source of medical and dental care for your children?

- ☐ Yes
- ☐ No

Is your child covered by some type of medical plan such as Medicaid, CHIP, or private insurance?

If yes, please specify: _____

- ☐ Yes
- ☐ No

How satisfied are you with your family's access to medical and dental care for your children?

- ☐ We love our children's doctors and dentists and feel that they get high quality care - This is an area of significant strength for my family
- ☐ We have medical and dental care and insurance, but would like to find different doctors or dentists - My family could benefit from some support in this area
- ☐ We don't have consistent doctors or dentists for our children and sometimes can't afford care because they don't have insurance - My family could benefit from significant support in this area
- ☐ One of our children have a serious medical condition and is not receiving the care that he/she needs for their illness - My family needs help in this area right now



D. SELF-SUFFICIENCY

1. Housing/Community

How satisfied are you with your housing and community?

- ☐ We own our home or maintain a stable rental without any housing subsidy assistance. - This is a significant strength for my family –
- ☐ We have stable subsidized housing that meets our basic needs OR would like to find a nicer house or neighborhood. My family could benefit from some support in this area
- ☐ We are living doubled up with friends or family or in an unsafe or poorly maintained house or apartment OR we are having trouble affording our current rent - My family could benefit from significant support in this area
- ☐ We are about to get evicted or are in danger of being homeless - My family needs help in this area right now

2. Transportation

How satisfied are you with your current transportation situation?

- ☐ We have a car or easy access to public transportation - This is a significant strength for my family
- ☐ We have a car or access to public transportation, but sometimes I need help getting to appointments or getting the children to school - My family could benefit from some support in this area
- ☐ We often have trouble getting to work, school, shopping or other appointments and need to rely on others - My family could benefit from significant support in this area
- ☐ Our lack of transportation is making it impossible to get to school, work, shopping- My family needs help in this area right now

3. Employment

How satisfied are you with your current job or employment situation?

- ☐ My current job provides sufficient income to meet all of my family's needs and wants - This is an area of significant strength in my family
- ☐ I have a job, but would like a better one OR I'm not currently employed and would like to find a job - My family could benefit from some support in this area
- ☐ We need help finding employment OR have been out of work for a long time - My family could benefit from significant support in this area
- ☐ We need help finding work in order to support our children - My family needs help in this area right now -

4. Education

How satisfied are you with your current educational situation?

- ☐ I am completely satisfied with my current level of education. My educational level allows me to meet my employment goals and dreams- This is an area of significant strength in my family.
- ☐ I have completed high school or have my GED but would like to further my education OR have some college/technical training and interested in pursuing more. - My family could benefit from some support in this area.
- ☐ I need more education to get a better job or to help my children succeed in school. - My family could benefit from significant support in this area.
- ☐ I cannot read or write in English or my native language OR I cannot find a job because of my level of education. - My family needs help in this area right now.

5. Legal Services

Do you have concerns of your and/or family member's legal status?

- ☐ Yes
- ☐ No
- ☐ Decline to answer

If yes, would you like to discuss further with your Family Support Worker or Family Wellness Specialist for additional support or community resources?

- ☐ Yes
- ☐ No



6. Child Care

How satisfied are you with your current childcare situation?

- ☐ All of our children have high quality and stable childcare from a Center, school program or relatives - This is an area of significant strength in my family.
- ☐ My children have childcare, but I would like to find higher quality or more consistent care for them - My family could benefit from some support in this area
- ☐ My childcare often falls through and is not reliable. - My family could benefit from significant support in this area.
- ☐ My children do not have care or have poor quality care, and I need childcare to attend school or go to work. - My family needs help in this area right now.

7. Family Finances

Sometimes families have a hard time getting by with the money available. Please answer yes or no to the following:

- ___ *I am able to pay my bills on time.*
 - ☐ Yes
 - ☐ No
- ___ *I know how to budget my money*
 - ☐ Yes
 - ☐ No
- ___ *It is sometimes difficult to meet basic needs for food, clothing or housing.*
 - ☐ Yes
 - ☐ No
- ___ *My family has a lot of debt*
 - ☐ Yes
 - ☐ No
- ___ *My family is able to get credit*
 - ☐ Yes
 - ☐ No
- ___ *My family has a savings account*
 - ☐ Yes
 - ☐ No
- ___ *My family sometimes has to rely on others for financial assistance*
 - ☐ Yes
 - ☐ No

Do you or your family have financial needs at this time?

- ☐ Yes, Please describe your current needs: _____
- ☐ No

Family Roadmap To Success

1

Family Member's Name: _____ Date Completed: _____

Guidance for Completing the Family Roadmap to Success: Read all statements under each category and check the box that best represents your family's current circumstances. While all statements may not apply, choose the one box that best describes your family situation.

Section (1) FAMILY LIFE PRACTICES

CRITERIA				
1. Family Routines	<input type="checkbox"/> My family does not have a regular bedtime or wake-up routine. We rarely eat together as a family. My child often misses school or is late.	<input type="checkbox"/> My family follows regular routines less than half of the time. We eat together about 2-3 times a week. My child sometimes misses school or is late.	<input type="checkbox"/> My family follows regular routines most of the time. My child eats with at least one adult at least 4 times a week. My child wakes up tired sometimes. He/she gets less than 10 hours of sleep per night.	<input type="checkbox"/> My child has a consistent wake-up and bedtime routine. My child eats with at least one adult member of the family 5-6 times/week.
2. Parent – Child Relationships	<input type="checkbox"/> My child is involved in more than four hours of screen time each day (TV, video games, phone, or tablet); TV is on most of the day. I rarely play games or interact with my child after school or on weekends. My child stays indoors most of the time.	<input type="checkbox"/> My child and I sometimes visit the local library, museums or attend community events - at least once in the last two weeks. My child is involved in three-four hours of screen time (TV, video games, phone or tablet) each day. My child sometimes watches shows that are intended for an adult audience.	<input type="checkbox"/> My child and I often attend large family gatherings or go on outings in the community on a regular basis- at least twice in the past two weeks. My child and I play educational games or activities at least once a week. My child is involved in 2-3 hours of screen time (TV, video games, phone, or tablet) each day.	<input type="checkbox"/> I expose my child to lots of activities and experiences to expand his/her language and learn new skills. I limit the amount of time my child spends watching TV and using other electronic devices (video games, phone, or tablet) each day. <u>For families already in our program (2nd year):</u> My family enjoys completing the Home Learning Activities and consistently submits to the teacher.

Family Roadmap To Success

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3. Promoting Language and Literacy	<input type="checkbox"/> I am unable to read to my child or promote his/her language development. OR I currently do not have any books at home for my child. I currently need books in my home for my child.	<input type="checkbox"/> I sometimes read with my child and engage in other literacy activities in the home about once a week. AND/OR I do not have a library card and I do not know where the library is in my neighborhood.	<input type="checkbox"/> I often read with my child and engage in other literacy activities more than twice a week. AND/OR I am interested in getting a library card or have a card but unable to frequently take my child to the library.	<input type="checkbox"/> I read with my child almost every day for at least 20 minutes. I regularly practice counting, rhyming, and singing with my child. I have a library card and visit often with my child.
4. Positive Guidance	<input type="checkbox"/> I often raise my voice or use physical discipline to manage my child's behavior. I have tried other forms of discipline and nothing has worked. OR I do not know other forms of discipline.	<input type="checkbox"/> I sometimes raise my voice or use physical discipline to control my child. I am frustrated that my child "won't listen" at times. My child is frequently in time out. I would like to learn other strategies to manage my child's behavior.	<input type="checkbox"/> I rarely raise my voice or use physical discipline to discipline my child. Most interactions with my child are positive. I recognize that managing my child's behavior is not always easy, and I want to learn additional strategies to guide his/her behavior.	<input type="checkbox"/> I never raise my voice or use physical discipline to manage my child's behavior. I help my child understand the rationale for rules and family expectations. I do my best to model appropriate behaviors.

Section (2) FAMILY HEALTH & WELL-BEING

CRITERIA				
1. Adult Health and Wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<div>Our family cannot afford medication for adult family members who are sick.</div> <div>AND/OR</div> <div>We have an adult family member(s) who currently has untreated medical/dental problem that impairs their functioning or ability to care for their children.</div>	<div>Some of the adults in my family have chronic health conditions and are not receiving the medical care they need.</div>	<div>We use a local clinic when adults get sick, but do not have insurance or a regular doctor.</div> <div>AND/OR</div> <div>Some adults in my family have chronic health conditions but are getting the medical care they need.</div>	<div>All adults in our family are healthy, have access to quality medical care and/or are insured.</div>

Family Roadmap To Success

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2. Social Networks	<input type="checkbox"/> I do not have any friends or family who I could ask for support, or who I would be willing to help if they needed support.	<input type="checkbox"/> My friends and family are not reliable sources of support, and I am reluctant to support them.	<input type="checkbox"/> I have friends and family I can count on when I have an emergency and who I support in the same ways when they need help	<input type="checkbox"/> I have friends and family who I can count on for support all the time and in all areas of my life, and I am always there to support them.
3. Access to Resources	<input type="checkbox"/> My family needs help with basic needs and we do not know what to do or where to go for assistance.	<input type="checkbox"/> My family does not know the community very well and we have limited friends, family, or religious community members to support us.	<input type="checkbox"/> My family has strong social connections, but we would like to learn more about the resources and services available within the community.	<input type="checkbox"/> My family has strong social connections through friends, neighbors, place of worship and/or community providers. We know where to get help from community agencies when needed.
4. Emotional Support	<input type="checkbox"/> I feel sad and lonely all the time and I have often thought about hurting myself. I am dealing with emotional and personal issues that make it difficult for me to function daily. I have no one to talk to when I am feeling this way.	<input type="checkbox"/> I often feel sad and lonely. I find it hard to shake off the blues and get going. I often deal with emotional and personal issues that make it difficult for me to function daily. I am reluctant to talk with others when I am feeling this way. I am currently receiving or in the last year received treatment, but I may need more support than I have now.	<input type="checkbox"/> I feel sad and lonely occasionally. It is sometimes difficult to shake off the blues and get going. I sometimes deal with emotional and personal issues that make it difficult for me to function daily. I have a family member, friend, or clergy who I seek out when I am sad or upset. I have previously been treated or I would like more information on coping skills or stress management or mental health resources.	<input type="checkbox"/> I feel I have the resources to meet life challenges in healthy ways. I feel fully engaged in life. I have a reliable support network to turn to when I am sad or upset.

Family Roadmap To Success

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<p>5. Family Relationships</p>	<p><input type="checkbox"/> I do not feel physically/emotionally safe in my current relationship(s).</p> <p>In my current relationship(s), we are physically harmful when we are angry.</p> <p>I am fearful of leaving my current relationship.</p>	<p><input type="checkbox"/> My current relationship(s) and I have responded to each other in physical or verbal violence.</p> <p>I am often fearful that aggression is putting me or members of my household at risk of emotional or physical harm.</p> <p>I currently have or have recently had an order of protection in place for my spouse or partner.</p>	<p><input type="checkbox"/> My current relationship(s) and I sometimes unhappy with the way we resolve conflict, and I would like to learn how to resolve conflict in a healthy way and am interested in gaining skills to communicate better.</p> <p>I am not afraid of my spouse or partner.</p> <p>I have experienced and received help for domestic violence in previous relationships.</p>	<p><input type="checkbox"/> My current relationship(s) are healthy and supportive. We can resolve disagreements through problem-solving and open communication.</p> <p>I have not experienced domestic violence in previous relationships.</p>
<p>6. Alcohol and Drug Use</p>	<p><input type="checkbox"/> Recently a concerned friend or relative has talked to me about my alcohol and/or drug use.</p> <p>AND/OR</p> <p>Recently or within the past 6 months, I have experienced legal problems with drug or alcohol use.</p> <p>AND/OR</p> <p>I sometimes cannot remember things that happened when I was drinking or getting high.</p>	<p><input type="checkbox"/> I use drugs or alcohol weekly, and it sometimes impacts my judgment or my ability to care for my child(ren).</p> <p>AND/OR</p> <p>In the last year, I have experienced legal problems with drug or alcohol use.</p> <p>AND/OR</p> <p>I have had previous treatment for alcohol or drug abuse or am currently receiving treatment for alcohol or drug abuse.</p>	<p><input type="checkbox"/> I use drugs and/or alcohol on occasion and it does not impact my judgment or my ability to care for my child(ren).</p> <p>AND/OR</p> <p>In the last 5 years, I have experienced legal problems with drug or alcohol use.</p> <p>There is some family history of drug or alcohol abuse.</p>	<p><input type="checkbox"/> No one in my family uses drugs or alcohol.</p> <p>There is no history of alcohol or drug abuse in my family.</p>

Section (3) SUPPORT FOR CHILDREN

CRITERIA				
1. Children with Special Needs	<input type="checkbox"/> My child has special needs and is not receiving any support or services.	<input type="checkbox"/> My child has special needs, and I am not satisfied with the support he/she receives. I am concerned that his/her needs are not being met.	<input type="checkbox"/> My child receives support for special needs, and I would like to know more about my rights and types of services available to him/her.	<input type="checkbox"/> My child has special needs and I receive strong support from family, friends, the school my child attends and the district's special education department and Local Education Agency (LEA) or The Program for Infants and Toddlers with Disabilities (Part C of IDEA) service providers. OR My child does not have special needs currently.
2. Child Health and Wellness	<input type="checkbox"/> My child has a serious medical condition and is not receiving care that he/she needs for their illness.	<input type="checkbox"/> My child does not have consistent doctors or dentists and sometimes cannot afford care because of lack of insurance or lack funds to pay for care.	<input type="checkbox"/> My child has medical and dental care and insurance, but I would like to find different doctors or dentists.	<input type="checkbox"/> My child has a regular doctor and dentist and high quality medical and dental insurance, or I choose to not have insurance but am able to pay out of pocket.

Section (4) SELF-SUFFICIENCY

CRITERIA				
1. Housing and Community	<input type="checkbox"/> I am about to be evicted or in danger of being homeless. OR The house or apartment I am currently living in is unsafe as it needs repair. OR I am currently homeless.	<input type="checkbox"/> I am living with friends or family or in an unsafe neighborhood or poorly maintained house or apartment. OR I am having trouble keeping up with our current rent or mortgage.	<input type="checkbox"/> I have stable subsidized housing that meets my basic needs. OR I would like to find a nicer house or neighborhood.	<input type="checkbox"/> I own a home or maintain a stable rental without housing subsidy assistance.

Family Roadmap To Success

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2. Transportation	<input type="checkbox"/> I do not have any way to get around by vehicle or public transportation, which makes it impossible to get to school or work.	<input type="checkbox"/> I have trouble getting to work, school and keeping appointments. I frequently rely on others for rides.	<input type="checkbox"/> I have a vehicle or access to public transportation, but sometimes I need help getting to appointments or getting my child to school.	<input type="checkbox"/> I have my own form of transportation or easy access to public transportation. AND/OR I have a strong support system when transportation is needed.
3. Employment	<input type="checkbox"/> I am unemployed and do not have public benefits or help from others to support my family	<input type="checkbox"/> I need help finding employment. OR I have been out of work for a long time and have been supporting my family with public benefits and/or help from others.	<input type="checkbox"/> I have a job but would like a better one. OR I have not been working but would like to find a job now.	<input type="checkbox"/> I am happy and feel secure with my current job.
4. Education	<input type="checkbox"/> I cannot read or write in English or native language. OR I cannot find a job because of my education level.	<input type="checkbox"/> I want to complete my high school diploma or a high school equivalency certification like a GED to get a better job to help me accomplish my future goals.	<input type="checkbox"/> I have completed high school or a high school equivalency certification like a GED, and I would like to further my education. OR I have some college/technical training and I am interested in pursuing more.	<input type="checkbox"/> I am fully satisfied with my current level of education. My education allows me to meet employment goals and dreams for me and my family.
5. Permanency (Legal Services)	<input type="checkbox"/> My family members are being held for deportation, are in the middle of deportation hearings or currently working with a deportation lawyer to avoid being deported.	<input type="checkbox"/> I am having difficulty finding work because of my current immigration status and/or inability to speak English.	<input type="checkbox"/> I am doing all right but would like to speak English better and get to know more people.	<input type="checkbox"/> I have lots of family and community support and feel comfortable and safe in the US.
6. Child Care	<input type="checkbox"/> I have child(ren) who are not currently enrolled in quality childcare or after school care. OR I need quality childcare for my child(ren) so I can attend school or go to work.	<input type="checkbox"/> My current childcare for my child(ren) is not reliable and often falls through.	<input type="checkbox"/> My child(ren) has childcare, but I would like to find a higher quality provider or more consistent care.	<input type="checkbox"/> My child(ren) has high quality and stable childcare from a Center, school program or relatives.

Family Roadmap To Success

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7. Family Finances	<input type="checkbox"/> We cannot meet basic needs: there is little to no money.	<input type="checkbox"/> Sometimes it is difficult to meet basic needs. We have significant debt and no savings and/or my credit could use some work. Sometimes we rely on others to make ends meet.	<input type="checkbox"/> My family relies on a combination of income and/or housing, SNAP, WIC subsidies to meet basic needs.	<input type="checkbox"/> My family lives within a well-managed budget. We have a plan for financial emergencies. AND/OR We have savings to address emergencies, good credit, and minimal debt.
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