

## FAMILY OUTCOMES ASSESSMENT

**Child Name:** \_\_\_\_\_ **Parent(s) Name:** \_\_\_\_\_

**1<sup>st</sup> Family Visit date:** \_\_\_\_\_ **2<sup>nd</sup> Family Visit Date:** \_\_\_\_\_ **Center:** \_\_\_\_\_

### TRANSPORTATION:

Do you have any transportation problems? Y N If so, what \_\_\_\_\_

Would you like more information or additional assistance with **transportation** resources? Yes No

If yes, what? \_\_\_\_\_ Do you need car seat assistance or training? Y N

Provided resources and/or education in the **Transportation** area: Y N

If yes, what was provided: \_\_\_\_\_

<b>(Needs Assistance)</b>	<b>TRANSPORTATION</b>				<b>(Thriving)</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

### FAMILY RELATIONS:

Who do you feel your support system is? \_\_\_\_\_

Would you like more information or additional assistance with **family relationship** resources? Y N

If yes, what? \_\_\_\_\_ Have you had or do you need assistance with counseling services? Y N

As a parent, are you involved in any community activities? Y N If yes, what? \_\_\_\_\_

Provided resources and/or education in the **Family Relationship** area: Y N

If yes, what was provided: \_\_\_\_\_

<b>(Needs Assistance)</b>	<b>FAMILY RELATIONS</b>				<b>(Thriving)</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

### PARENTING:

Would you like more information or additional assistance with **parenting**? Y N If yes, what? \_\_\_\_\_

Referred for services by a Child Welfare Agency? Y N Provided resources and/or education in the **Parenting** area: Y N

If yes, what was provided: \_\_\_\_\_

<b>(Needs Assistance)</b>	<b>PARENTING</b>				<b>(Thriving)</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

### ALCOHOL/DRUG USE:

Would you like more information or additional assistance with **alcohol/drug** use resources? Y N

If yes, what? \_\_\_\_\_

Have you talked with your child about the use of **alcohol or drugs**? Y N Does any member of your family smoke? Y N

Provided resources and/or education in the **Alcohol/Drug Use** area: Y N

If Yes, what was provided: \_\_\_\_\_

<b>(Needs Assistance)</b>	<b>ALCOHOL/DRUG USE</b>				<b>(Thriving)</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

### CHILDREN'S EDUCATION:

How do you feel your Child's School Readiness goal is progressing? \_\_\_\_\_

Would you like more information or additional assistance with **children's education**? Y N

If yes, what? \_\_\_\_\_ Your child's attendance %: \_\_\_\_\_ **(FA review with parent)**

Is your child involved in any non-academic activities or community activities? Y N If so, what? \_\_\_\_\_

Provided resources and/or education in the **Children Education** area: Y N

If yes, what was provided: \_\_\_\_\_

<b>(Needs Assistance)</b>	<b>CHILDREN'S EDUCATION</b>				<b>(Thriving)</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

### ADULT EDUCATION:

Do you have any plans for continuing your education? Y N If yes, what? \_\_\_\_\_

Would you like more information or additional assistance with **adult education**? Y N If yes, what? \_\_\_\_\_

Provided resources and/or education in the **Adult Education** area: Y N

If yes, what was provided: \_\_\_\_\_

<b>(Needs Assistance)</b>	<b>ADULT EDUCATION</b>				<b>(Thriving)</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

## FAMILY OUTCOMES ASSESSMENT

**EMPLOYMENT:**

Do you have a job? Y N Does your spouse have a job? Y N Is anyone in your family currently in the military? Y N

Would you like more information or additional assistance with job training/ skills? Y N

If yes, what? \_\_\_\_\_

Provided resources and/or education in **Employment** area: Y N

If yes, what was provided: \_\_\_\_\_

**(Needs Assistance)** **EMPLOYMENT** **(Thriving)**

1	2	3	4	5	6
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**INCOME/BUDGET:**

Does your income meet your basic needs? Y N Do you utilize a monthly budget? Y N

Your income comes from what sources?  Employment  Child Support  TANF  SSI  Other

Would you like more information or additional assistance with **income/budget**? Y N

If yes, what? \_\_\_\_\_

Provided resources and/or education in **Income/Budget** area: Y N

If yes, what was provided: \_\_\_\_\_

**(Needs Assistance)** **INCOME/BUDGET** **(Thriving)**

1	2	3	4	5	6
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**HEALTH CARE**

Is your child currently being treated for:  Diabetes  High Lead  Anemia  Hearing  Vision  Asthma  Overweight

Has your child ever been treated for the above? If so, which and when? \_\_\_\_\_

Please list if your child received tubes in ears or glasses for vision this school year? \_\_\_\_\_

What is your current health care coverage? \_\_\_\_\_ Your spouse? \_\_\_\_\_ your child? \_\_\_\_\_

Would you like more information or additional assistance with **health care**? Y N

If yes, what? \_\_\_\_\_

Provided resources and/or education in **Health Care** area: Y N If yes, what was provided: \_\_\_\_\_

**(Needs Assistance)** **HEALTH CARE** **(Thriving)**

1	2	3	4	5	6
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**NUTRITION:**

Currently receiving WIC services? Y N Currently receiving Food Stamps? Y N

Do you have enough food to last you month to month? Y N If no, have you utilized the community food pantry? Y N

If yes, when? \_\_\_\_\_ Would you like more information or additional assistance with **nutrition**? Y N

If yes, what? \_\_\_\_\_

Provided resources and/or education in **Nutrition** area: Y N

If yes, what was provided: \_\_\_\_\_

**(Needs Assistance)** **NUTRITION** **(Thriving)**

1	2	3	4	5	6
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**HOUSING:**

Homeless/Foster? Y N Do you have any current eviction/discon. notices? Y N Need assistance with housing repairs? Y N

Would you like more information or additional assistance with **housing**? Y N

If yes, what? \_\_\_\_\_

Provided Safe Environment Checklist & education at 1<sup>st</sup> family visit: Y N

Provided resources and/or education in **Housing** area: Y N

If yes, what was provided: \_\_\_\_\_

**(Needs Assistance)** **HOUSING** **(Thriving)**

1	2	3	4	5	6
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Family provided Resource Manual for family visit: Yes No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Staff Signature