



# Family Needs Assessment

Parent Name: \_\_\_\_\_ Parent ID Number: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Early Care and Education would like to help meet the needs of the children and families we serve. Please complete the following so that we may best serve you.

Do you have any concerns about your child(ren) in any of the following areas? (check all that apply):

- Hearing
- Vision
- Speech
- Behavior/Emotional Development
- Learning/Cognitive Development
- Social Development
- Physical Development

Are any of your children receiving services for any areas checked above? \_\_\_\_\_

If so, what agency/school district is providing the services? \_\_\_\_\_

Are these services meeting your needs? \_\_\_\_\_

What language is your child most comfortable with? \_\_\_\_\_

Are you satisfied with your current child care arrangements? \_\_\_\_\_

What are some goals that you may have for yourself? \_\_\_\_\_

Do you need assistance in any of the following areas? (check all that apply):

- Food/Nutrition Programs
- Child Support
- Disability Services
- Substance Abuse
- Employment/Career Development
- Veterans Resources
- Other: \_\_\_\_\_
- Shelter/Housing Assistance
- Legal Assistance (other than child support)
- Transportation
- Senior Citizens
- Parent Support Groups/Classes
- Education (Child)
- GED/Vocational Training/College (please circle)
- Cash Assistance (TANF)
- Domestic Violence
- Dental/Medical/Vision (please circle)
- Utility Assistance

Would you be interested in attending a workshop on any of the above topics? \_\_\_\_\_

**For Office Use Only**

- No information requested. No follow-up needed.
- Referred to R & R for follow-up.

Child Care Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information given: \_\_\_\_\_

R & R Signature: \_\_\_\_\_ Date: \_\_\_\_\_