

## FAMILY ASSESSMENT

 Initial

 Annual

### SECTION 1: GENERAL INFORMATION AND CONSENT

Child's First and Last Name:	DOB:	BRIDGES ID:
Service Coordinator Name:	Service Coordinator Agency:	
Date Family Assessment completed:	Family declined family assessment of resources, priorities, and concerns. <i>Parent's initials:</i>	

### SECTION 2: PRIORITIES AND CONCERNS FOR MY CHILD (CHECK ALL THAT APPLY):

<b>I have questions about or want help for my child in the following areas (check all that apply):</b>	<b>Family's remarks regarding concerns identified about their child (including any not listed):</b>
<input type="checkbox"/> Moving around (crawling, scooting, rolling, walking) <input type="checkbox"/> Ability to maintain positions for play <input type="checkbox"/> Talking and listening <input type="checkbox"/> Thinking, learning, playing with toys <input type="checkbox"/> Feeding, eating, nutrition <input type="checkbox"/> Having fun with other children; getting along <input type="checkbox"/> Behaviors/appropriate interactions <input type="checkbox"/> Expressing feelings <input type="checkbox"/> Toileting; getting dressed; bedtime; other daily routines <input type="checkbox"/> Helping my child calm down, quiet down <input type="checkbox"/> Pain or discomfort <input type="checkbox"/> Other:	

### SECTION 3: PRIORITIES AND CONCERNS FOR ME AND MY FAMILY (CHECK ALL THAT APPLY):

<b>I have questions about or want help for me or my family in the following areas (check all that apply):</b>	<b>Family's remarks regarding identified priorities of the family (including any not listed):</b>
<input type="checkbox"/> Learning more about how to help my child grow and develop <input type="checkbox"/> Finding or working with doctors or other specialists <input type="checkbox"/> Learning how different services work or how they could work better for my family <input type="checkbox"/> Planning for the future; what to expect <input type="checkbox"/> Parenting skills <input type="checkbox"/> People who can help me at home or care for my child so I/we can have a break; respite <input type="checkbox"/> Childcare <input type="checkbox"/> Housing, clothing, jobs, food, or telephone <input type="checkbox"/> Information on my child's special needs, and what it means <input type="checkbox"/> Ideas for brothers, sisters, friends, extended family <input type="checkbox"/> Money for extra costs of my child's special needs <input type="checkbox"/> Linking with a parent network to meet other families, or share <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent Training and Information Center</li> <li><input type="checkbox"/> Parent-to-Parent Support</li> <li><input type="checkbox"/> SCDHEC/CSHCN</li> </ul> <input type="checkbox"/> Other:	

### SECTION 4: STRENGTHS AND RESOURCES

Strengths and resources that our family has to meet our child's needs. For example, relatives nearby, support from friends, work friends.

### SECTION 5: FAMILY HOME AND COMMUNITY ROUTINES AND ACTIVITIES

Typical activities we do with our child, or we do as a family (include routine things like dressing, bathing, meals, story time etc., as well as things you do in your community (for example, shopping, visiting friends or relatives, trips to the library, etc.)).