

### Family Assessment Interview Worksheet

#### Concerns, Priorities and Resources



Child Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Completed By: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Family's Main Concern or Reason for Referral: \_\_\_\_\_

Throughout this worksheet, italicized words and phrases may be used as prompts to assist in engaging the family in the discussion.

#### SECTION 1: EXPLANATION TO FAMILY

To begin the Family Assessment, the Service Coordinator must explain to the parent what the Family Assessment is, how information will be collected and how the information will be used. The talking points below may be used to describe the process to the family.

- *Get to know the family better*
- *Voluntary/not required to receive services*
- *Identify family's supports, resources and satisfaction with daily routines*
- *Identify priority concerns for the child and family*
- *Create outcomes and determine services based on family's priorities*

The family gave verbal permission to participate in the Family Assessment? YES NO

REFERENCES The First Steps Family Assessment Interview Worksheet was developed with information from the following sources:

- Jung, L. A. (2010). Identifying Families' Supports and Other Resources. In R. A. McWilliam (Ed.), *Working with Families of Young Children with Special Needs* (pp.9-26). New York: Guilford.
- McWilliam, R. A. (2010). Satisfaction with home routines evaluation (SHoRE). *Routines-Based Early Intervention: Supporting Young Children and Their Families* (pp.258). Baltimore: Brookes.

Child Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

#### SECTION 2: FAMILY SUPPORTS AND RESOURCES

Prompt: *Let's explore the supports and resources important to your family.*

<b>SUPPORTS</b> (people and groups)	<b>RESOURCES</b> (programs and services)
<p data-bbox="107 310 821 342">Prompt: <i>Who are the important people in your family's life?</i></p> <p data-bbox="625 951 1020 984">*Minimum one support required</p>	<p data-bbox="1041 310 1919 342">Prompt: <i>What are the important programs and services your family uses?</i></p> <p data-bbox="1549 951 1944 984">*Minimum one resource required</p>

Child Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**SECTION 3: DAILY ROUTINES, CONCERNS AND PRIORITIES**

Prompt: *“When thinking about (ROUTINE), how satisfied are you with this time of day? Is there anything you would like to be different?”*

Daily Routine		Not Working Well	Going Okay	Working Well	Why is it 2-Going Okay or 3-Working Well?	Is this a priority for the family?
* Ask in-depth questions for <u>at least</u> three daily routines, including all routines identified as “1-Not Working Well”, utilizing the Family Assessment Interview Follow-Up Questions document.						
1) Wake Up	N/A	1	2	3		
2) Dressing/Toileting	N/A	1	2	3		
3) Meal Preparation Time	N/A	1	2	3		
4) Mealtimes	N/A	1	2	3		
5) Play	N/A	1	2	3		
6) Outings	N/A	1	2	3		
7) Outdoors	N/A	1	2	3		
8) Hanging Out Time	N/A	1	2	3		
9) Bath Time	N/A	1	2	3		
10) Bedtime/Naps	N/A	1	2	3		
11) Child Care	N/A	1	2	3		
12) Other Family Routine	N/A	1	2	3		

**NOTES FROM FAMILY ASSESSMENT INTERVIEW FOLLOW UP QUESTIONS**