

# Family Assessment Interview Worksheet

## Concerns, Priorities and Resources



<b>Child Name:</b> _____	<b>Date Completed:</b> _____
<b>Date of Birth:</b> _____	<b>Completed By:</b> _____
<b>Parent Name:</b> _____	<b>Family's Main Concern or Reason for Referral:</b> _____

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**

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**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 of Birth: \_\_\_\_\_

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

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

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:**