

Family Opportunity and Interest Assessment

S-Strength N-Neutral O-Opportunity I-Interest

Child(ren)Name(s): _____

Parent/Guardian Name(s): _____

Staff Name: First Screening: _____ Second Screening: _____

Date of First Screening (within first 90 days): _____ Father/father figure participated? Yes No

Date of Second Screening (April, May, or June): _____ Father/father figure participated? Yes No

Transitions		Family Engagement in Transitions, PF 5	
Measures the Parent/Guardian(s)'s knowledge of future education options and the transition process Explain transitions and ask if they would like additional support.		1st	2nd
S	Parent/Guardian(s) has established a specific plan, and would like the child to transition to _____ . Parent has all documents required if applicable.	<input type="radio"/>	<input type="radio"/>
N	Parent/Guardian(s) has a general idea of the school/program/caregiver where the child will transition. Parent/Guardian(s) is aware of the application/registration process.	<input type="radio"/>	<input type="radio"/>
O	Parent/Guardian(s) does not know how to select a school/program/ caregiver. Parent/Guardian(s) is unaware of the application/registration process.	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) would like to receive additional information about their child's transition options and/or completing the application/registration process.		<input type="checkbox"/>	<input type="checkbox"/>
Evidence for Rating #1:		Evidence for Rating #2:	
Resources Given:		Resources Given:	
Follow-Up		Follow-Up:	
Parenting Education		Positive Parent Child Relationships, PF 3	
Measures the Parent/Guardian(s)'s knowledge of child development/parenting education		1st	2nd
Would you like information on how your child is growing and learning? Would you like parenting tips?			
S	Parent/Guardian(s) regularly maintains emotional control during stressful parent/child interactions, has excellent knowledge and understanding of infant/child development, and has an age appropriate approach to discipline.	<input type="radio"/>	<input type="radio"/>
N	Parent/Guardian(s) can manage their child(ren)'s behavior most of the time and they feel that they can help their child(ren) learn and grow.	<input type="radio"/>	<input type="radio"/>
O	Parent/Guardian(s) feels overwhelmed or frustrated with child(ren)'s behavior and/or needs assistance helping their child learn and grow.	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) would like tools to manage and respond to their child(ren)'s behavior, resources to help their child learn and grow, or additional information on child development.		<input type="checkbox"/>	<input type="checkbox"/>
Evidence for Rating #1:		Evidence for Rating #2:	
Resources Given:		Resources Given:	
Follow-Up		Follow-Up:	

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Advocacy		Families as Advocates and Leaders PF 2	
<p>Measures the family's ability to connect with peers and community to improve children's development and learning experiences Tell me about your support systems, community involvement & knowledge of community resources.</p>		1st 2nd	
S	Parent/Guardian(s) is engaged in local or state level advocacy work, such as Head Start Policy Council, PTA, or other community organizing activities.	<input type="radio"/>	<input type="radio"/>
N	Parent/Guardian(s) attends parent meetings, socializations, and/or male involvement events and advocates for their own child and family's needs.	<input type="radio"/>	<input type="radio"/>
O	Parent/Guardian(s) does not attend parent meetings, socializations, or male involvement events and struggles to advocate for their child and family's needs.	<input type="radio"/>	<input type="radio"/>
<p>Interest: Parent/Guardian(s) would like information about opportunities for family and community connection and advocacy.</p>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Evidence for Rating #1:</i>	<i>Evidence for Rating #2:</i>		
Resources Given:	Resources Given:		
Follow-Up	Follow-Up:		
English as a Second Language		Families as Lifelong Educators, PF 4	
<p>Measures the extent to which the Parent/Guardian(s) communicates in English Does your family speak another language?</p>		<input type="checkbox"/> N/A	
S	Parent/Guardian(s) communicates fluently in English.	<input type="radio"/>	<input type="radio"/>
N	Parent/Guardian(s) has basic English communication skills.	<input type="radio"/>	<input type="radio"/>
O	Parent/Guardian(s) has no or very limited understanding of English.	<input type="radio"/>	<input type="radio"/>
<p>Interest: Parent/Guardian(s) would like to increase English language skills.</p>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Evidence for Rating #1:</i>	<i>Evidence for Rating #2:</i>		
Resources Given:	Resources Given:		
Follow-Up	Follow-Up:		

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Adult Education		Families as Learners, PF 4	
Measures the Parent/Guardian's level of formal education Are you satisfied with your education?		1st 2nd	
S	Parent/Guardian(s) has a college degree or vocational license/certificate.	<input type="radio"/>	<input type="radio"/>
N	Parent/Guardian is currently attending college or vocational training program and/or Parent/Guardian(s) has a GED/high school diploma.	<input type="radio"/>	<input type="radio"/>
O	Parent/Guardian(s) does not have a GED/high school diploma.	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) would like to obtain additional education or educational support/resources.		<input type="checkbox"/>	<input type="checkbox"/>
<i>Evidence for Rating #1:</i>	<i>Evidence for Rating #2:</i>		
Resources Given:	Resources Given:		
Follow-Up	Follow-Up:		
Employment/Job Training		Family Well Being, PF 4	
Measures the Parent/Guardian(s)'s employment status Are you satisfied with your employment? Would you like more information about job training programs?		1st 2nd	
S	Parent/Guardian(s) has stable full-time employment with more than adequate income and a defined career path.	<input type="radio"/>	<input type="radio"/>
N	Parent/Guardian(s) has stable employment with adequate income and works the equivalent of full-time hours.	<input type="radio"/>	<input type="radio"/>
O	Parent/Guardian(s) has temporary, part-time, or seasonal work with inadequate pay or work hours; or Parent/Guardian(s) is unemployed.	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) is interested in making more money, changing jobs, increasing hours, or obtaining employment or job training.		<input type="checkbox"/>	<input type="checkbox"/>
<i>Evidence for Rating #1:</i>	<i>Evidence for Rating #2:</i>		
Resources Given:	Resources Given:		
Follow-Up	Follow-Up:		

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Asset Building Services/Income Support		Family Well Being , PF 4	
Measures the family's financial situation Would you like budgeting information? Do you have enough money to pay for bills and food?		1st	2nd
S	Family has more than adequate income, money in savings, maintains a budget, and pays bills in full every month. Parent/Guardian(s) does not receive outside assistance (i.e. SNAP, WIC, Utility Assistance).	<input type="radio"/>	<input type="radio"/>
N	Family has a stable income, is sometimes able to save money, and most bills are paid on time. Parent/Guardian(s) may receive outside assistance to help offset expenses (i.e. SNAP, WIC, Utility Assistance).	<input type="radio"/>	<input type="radio"/>
O	Family has insufficient income to meet their needs, even if they receive outside assistance (i.e. SNAP, WIC, Utility Assistance) and/or Parent/Guardian(s); has high debt.	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) is interested in learning how to manage money, increase income, or access financial support (ie. SNAP, WIC, Utilities Assistance).		<input type="checkbox"/>	<input type="checkbox"/>
Evidence for Rating #1:	Evidence for Rating #2:		
Resource Given:	Resource Given:		
Follow-Up:	Follow-Up:		
Child Support Assistance		Family Well Being, PF 4	
Measures whether Parent/Guardian(s) is receiving court-ordered Child Support. Are you or should you be receiving court-ordered child support?		1st	2nd
S	Parent/Guardian receives every Child Support payment on time and in the full amount mandated by Family Court.	<input type="radio"/>	<input type="radio"/>
N	Parent/Guardian receives the majority of Child Support payments on time and in the amount mandated by Family Court.	<input type="radio"/>	<input type="radio"/>
O	Parent/Guardian does not receive court-ordered Child Support payments.	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) is interested in going to Family Court for court-ordered Child Support assistance.		<input type="checkbox"/>	<input type="checkbox"/>
Evidence for Rating #1:	Evidence for Rating #2:		
Resource Given:	Resource Given:		
Follow-Up:	Follow-Up:		

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Emergency/Crisis Intervention		Family Well Being, PF 4			
<p>Measures the extent to which the Parent/Guardian(s) has resources to meet basic and emergency needs and is able to sustain housing. Do you know what resources are available for an emergency need?</p>			1st	2nd	
S	Parent/Guardian(s) has more than adequate resources to support household, and has additional resources for emergency situations. Parent/Guardian(s) does not require outside assistance for basic or emergency needs.			<input type="radio"/>	<input type="radio"/>
N	Parent/Guardian(s) meets basic food, clothing, and housing needs. Basic needs may be met with assistance. (CalWORKs, CalFresh, WIC) Parent/Guardian(s) has resources available for small emergencies.			<input type="radio"/>	<input type="radio"/>
O	Parent/Guardian(s) does not have enough resources to meet food, clothing, housing, or transportation needs.			<input type="radio"/>	<input type="radio"/>
<p>Interest: Parent/Guardian(s) is interested in learning about community resources for basic or emergency needs.</p>			<input type="checkbox"/>	<input type="checkbox"/>	
<p>Evidence for Rating #1:</p>		<p>Evidence for Rating #2:</p>			
<p>Resource Given:</p>		<p>Resource Given:</p>			
<p>Follow-Up:</p>		<p>Follow-Up:</p>			
Housing/Utilities		Family Well Being, PF 4			
<p>Measures the extent to which the Parent/Guardian(s) is able to sustain housing and pay utilities. Tell me about your housing.</p>			1st	2nd	
S	Parents/Guardian(s) is always able to pay rent/mortgage and utilities on time and without assistance. Family has stable housing.			<input type="radio"/>	<input type="radio"/>
N	Parent/Guardian(s) is usually able to pay rent/mortgage and utilities on time. Parent/Guardian(s) may receive housing assistance (i.e. section 8, HUD, or low income housing). Family has stable housing.			<input type="radio"/>	<input type="radio"/>
O	Parent/Guardian(s) is living in temporary, transitional or overcrowded housing or family is homeless.(McKinney-Vento)			<input type="radio"/>	<input type="radio"/>
<p>Interest: Parent/Guardian(s) is interested in learning about community resources to improve housing and/or utilities.</p>			<input type="checkbox"/>	<input type="checkbox"/>	
<p>Evidence for Rating #1:</p>		<p>Evidence for Rating #2:</p>			
<p>Resource Given:</p>		<p>Resource Given:</p>			
<p>Follow-Up:</p>		<p>Follow-Up:</p>			

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Early Intervention/Special Education		Families as Advocates and Leaders, PF 4	
<p>Measures whether child is receiving special education service. Do you have any concerns or need any support with the IEP/IFSP process?</p>		1 st	2 nd
S	Child has a current IEP/IFSP and is receiving all recommended services as well as additional community-based services.	<input type="radio"/>	<input type="radio"/>
N	Child has a current IEP/IFSP and is receiving all recommended services.	<input type="radio"/>	<input type="radio"/>
O	Child has a suspected disability, but does not have an IEP/IFSP.	<input type="radio"/>	<input type="radio"/>
<p>Interest: Parent/Guardian(s) would like additional information, resources or support related to their child's suspected or identified disability.</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>Evidence for Rating #1:</p>		<p>Evidence for Rating #2:</p>	
<p>Resource Given:</p>		<p>Resource Given:</p>	
<p>Follow-Up:</p>		<p>Follow-Up:</p>	
Health Education/Family Health		Family Well Being, PF 4	
<p>Measures the family's access to health insurance, medical/dental home and health status Do you have adequate healthcare?</p>		1 st	2 nd
S	All adults and children have health insurance and a medical/dental home. Family members practice a healthy lifestyle and have no serious health conditions.	<input type="radio"/>	<input type="radio"/>
N	Only the child(ren) has health insurance. All adults and children have a medical/dental home. If a family member(s) has a health condition, the condition is stable.	<input type="radio"/>	<input type="radio"/>
O	Child(ren) does not have health insurance or the family does not have a medical/dental home; and/or family member(s) has a serious, unstable health condition.	<input type="radio"/>	<input type="radio"/>
<p>Interest: Parent/Guardian(s) is interested in getting health insurance, medical/dental home, health education and/or CPR/First Aid.</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>Evidence for Rating #1:</p>		<p>Evidence for Rating #2:</p>	
<p>Resource Given:</p>		<p>Resource Given:</p>	
<p>Follow-Up:</p>		<p>Follow-Up:</p>	

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Read to Parent/Guardian: The next few categories are sensitive. However, we know that many Early Head Start and Head Start families experience concerns in these categories. By sharing your experiences, we can help provide support and resources to your family.

Relationship/Marriage Education		Family Well Being, PF 2	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> All couples have their challenging times. How do you and your partner manage conflict? 			
<i>Measures the stability of the Parent/Guardian(s)'s relationship</i>		1st	2nd
N	Parent/Guardian and partner are able to problem solve most daily living issues, but may have some difficulty solving bigger issues. Couple is generally able to listen and provide support to each other.	<input type="radio"/>	<input type="radio"/>
O	Parent/Guardian and partner have an unstable relationship, conflicts are difficult to resolve, and communication is not respectful.	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) would like to improve their relationship/marriage.		<input type="checkbox"/>	<input type="checkbox"/>
Evidence for Rating #1:		Evidence for Rating #2:	
Resource Given:		Resource Given:	
Follow-Up:		Follow-Up:	
Mental Health		Family Well Being, PF 1	
<ul style="list-style-type: none"> Tell me how you deal with stress. What do you do when you are angry? 			
<i>Measures emotional stability of family members</i>		1st	2nd
N	Family members have healthy ways of dealing with anger, sadness, frustration, and disappointment.	<input type="radio"/>	<input type="radio"/>
O	A family member or family members does not have healthy ways of dealing with anger, sadness, frustration, and disappointment.	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) would like to improve stress management and have healthier ways of dealing with anger, sadness, frustration, and disappointment.		<input type="checkbox"/>	<input type="checkbox"/>
Evidence for Rating #1:		Evidence for Rating #2:	
Resource Given:		Resource Given:	
Follow-Up:		Follow-Up:	

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Domestic Violence

Family Well Being, PF 4

- Do you feel safe at home?

Measures safety in the family home		1 st	2 nd
N	Family members feel safe in the home (physically and emotionally).	<input type="radio"/>	<input type="radio"/>
O	Family members do not feel safe in the home (physically or emotionally).	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) would like to feel safer in their home. Parent/Guardian(s) would like more information about healthy relationships.		<input type="checkbox"/>	<input type="checkbox"/>

Evidence for Rating #1:

Evidence for Rating #2:

Resource Given

Resource Given:

Follow-Up:

Follow-Up:

Child Abuse/Neglect Services

Family Well Being, PF 3

- Are you currently involved with CFS/CFS, foster care or adoption services? Some families choose to get services with a social worker; does this apply to you?

Measures Parent/Guardian(s)'s experiences with Child Welfare Services		1 st	2 nd
N	Parent/Guardian(s) is not currently involved with Child Welfare Services (foster care, CFS/CPS, adoption, or voluntary services).	<input type="radio"/>	<input type="radio"/>
O	Parent/Guardian(s) is currently involved with Child Welfare Services (foster care, adoption, or voluntary services).	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) would like to receive more information about coping with childhood trauma, completing CWS case plan; and/or preventing child abuse and neglect.		<input type="checkbox"/>	<input type="checkbox"/>

Evidence for Rating #1:

Evidence for Rating #2:

Resource Given:

Resource Given:

Follow-Up:

Follow-Up:

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Substance Abuse Prevention and Treatment

Family Well Being, PF 1

- Does anyone smoke, drink alcohol, or use drugs? Does it have a negative impact on themselves or others in the house?

Measures Parent/Guardian(s)'s use of substances (alcohol, cigarettes, and/or other drugs)		1 st	2 nd
N	Family members do not use substances especially while pregnant, or adult family members use substances socially and it does not impact daily functioning.	<input type="radio"/>	<input type="radio"/>
O	A family member or family members' substance use has a negative impact on pregnancy, daily functioning and/or causes family stress.	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) would like to receive more information about substance abuse prevention and treatment.		<input type="checkbox"/>	<input type="checkbox"/>

Evidence for Rating #1:

Evidence for Rating #2:

Resource Given:

Resource Given:

Follow-Up:

Follow-Up:

Assistance with Incarcerated Family Member(s)

Family Well Being, PF 1

- Is anyone in the immediate family in jail? Is anyone on probation or parole?

Measures if Parent/Guardian(s) has an incarcerated family member, on probation, or on parole		1 st	2 nd
N	Parent/Guardian(s) does not have an immediate family member incarcerated, on probation, or on parole.	<input type="radio"/>	<input type="radio"/>
O	An immediate family member is incarcerated, on probation, or on parole.	<input type="radio"/>	<input type="radio"/>
Interest: Parent/Guardian(s) would like to receive information or resources about supporting an incarcerated family member.		<input type="checkbox"/>	<input type="checkbox"/>

Evidence for Rating #1:

Evidence for Rating #2:

Resource Given:

Resource Given:

Follow-Up:

Follow-Up: