



FAMILY SERVICES COVER SHEET

Child's Name: _____ Entry Date: _____

Dual Enrollment/Primary FS Worker: _____ 90 Day: _____

	Documents	Date Completed	Comments
(1)	SHS Family Needs Assessment	Date _____ (Baseline) Date _____ (EOY) (By June 1)	*CP Input Required within 5 days of completion
(2)	PIR Data-CP Input (Enter in CP by 90 days, & update in Jan, March, May & July) * Under "Family Services Information" tab * This is Needs Identified and Services Received and should be ongoing throughout the program year.	90 days _____ Jan. _____ March _____ May _____ July _____ Termination _____	*CP Input Required within 5 days of completion Needs should be identified with referral and follow up throughout the program year.
(3)	Family Partnership Agreement (Family Goals) (Enter in CP by within 5 days of completion, & update in Jan, March & May, complete and close goals by June 1)	Date written (90 days) 1. _____ Initial input/Update in CP 1. _____ 2. _____ (Jan) 3. _____ (March) 4. _____ (May/June) 5. _____ (July) 6. _____ (Termination)	*CP Input Required within 5 days of completion Goals must be updated and closed in ChildPlus by June 1
(4)	Attendance Notification Documentation (as needed)	1st Notice _____ 2nd Notice _____ 3rd Notice _____ Attendance Contract _____ AST _____	(Contact FS Manager & Include on Family Services Monthly Summary)
(5)	Family Worker Home Visits	First and Final Home Visit Form must be completed and signed by Parent. 1. _____ 2. _____	*No CP Input Required Additional Home Visits as needed 3. _____ 4. _____

Please Scan Schedule of Parent Center Committee Meetings
Trainings to Parent Involvement Scan Folder by September 1st

SHS Family Needs and Interests Assessment: 2017 / 2018

Child's Name _____ Baseline Date _____

Parent / Guardian's Name _____ EOY Date _____

Scoring Legend (3) Strength (No follow up required) (2) Adequate (Follow up as needed) (1) In Need (Follow up required)

Assessment Item	Baseline Score	End of Year Score
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Family Well Being

Housing: PIR Housing Assistance/Homeless

Tell me about your housing.

1. Family is homeless – transient, shelter, living in a car.
2. Family has temporary living arrangement but seeking permanent housing (i.e., waiting list for Section 8).
3. Family has adequate, permanent housing.

Notes:

Resource(s) given with date:

Follow up:

Safety: PIR Emergency/Crisis/Domestic Violence

Do you feel safe in your home and relationships?

1. Family is in imminent danger. Currently in DV living situation.
2. Family has some concerns for safety (Referred to CFS, One Safe Place, or other community services for crisis intervention).
3. Family is in no immediate danger and family members report they are safe in their environment.

Notes:

Resource(s) given with date:

Follow up:

SHS Family Needs and Interests Assessment: 2017 / 2018

Assessment Item	Baseline Score	End of Year Score
Health: PIR Health Requirements / First Aid / CPR <i>Do you have adequate healthcare/food? Are you interested in FA/CPR?</i>		
<ol style="list-style-type: none"> 1. Family is in immediate need of medical, dental or nutritional services (CHDP, Dental Exam, Prenatal, Izzy). 2. Family is receiving services or referral is in progress. Family would like First Aid / CPR referral. 3. Family has medical, dental and nutritional needs met. Family has a medical and dental home. 		
Notes:		
Resource(s) given with date:		
Follow up:		
Mental Health / Substance abuse: PIR Prevention/Intervention/Incarceration <i>Do you have mental health or sub abuse needs? Do you need assistance for incarcerated family members?</i>		
<ol style="list-style-type: none"> 1. Family has suspected or untreated mental illness and/or reports issues with substance abuse. 2. Family is receiving services or referral is in progress or in treatment for substance abuse. Family would like assistance with incarceration issues. 3. Family is stable and has adequate coping skills (such as family/community support, exercise, counseling, stress management strategies, etc.). 		
Notes:		
Resource(s) given with date:		
Follow up:		

SHS Family Needs and Interests Assessment: 2017 / 2018

Assessment Item	Baseline Score	End of Year Score
<u>Family Well Being, con't</u>		
Transportation: PIR <i>Is your family okay with their transportation?</i>		
1. Family has no transportation. 2. Family has limited access to transportation. 3. Family has adequate transportation or knowledge on how to access public transportation.		
Notes:		
Resource(s) given with date:		
Follow up:		
Financial Security: PIR Literacy or Education <i>Do you need any support from TANF, Cal Fresh,etc? Would you like budgeting information? Do you feel you have enough money to pay for bills and food?</i>		
1. Family has limited financial resources. (e.g. facing eviction, loss of utilities, has no income or wants budgeting training) 2. Family is working however, could use financial literacy information. (TANF, SSI, CalFresh, clothing, school readiness, child support services) 3. Family is financially stable. (has career employment and can pay bills)		
Notes:		
Resource(s) given with date:		
Follow up:		

SHS Family Needs and Interests Assessment: 2017 / 2018

Assessment Item	Baseline Score	End of Year Score
<u>Positive Parent Child Relationships</u>		
Nurturing Relationships: PIR Parenting and Relationships (Marital, Parent/Child) <i>How do you feel your relationships are going; with your child, with your spouse?</i>		
<ol style="list-style-type: none"> 1. Parent or family is having trouble forming healthy relationships. (Poor or no attachment to child, needs marriage counseling) 2. Parent or family is attached/bonded to child and needs more knowledge of developing nurturing relationships. 3. Parent or family has formed positive parent/child relationships. 		
Notes:		
Resource(s) given with date:		
Follow up:		
Child Development/Parenting Skills: PIR Parenting <i>Would you like information on how your child is growing and learning? Would you like parenting information (parenting tips, etc)</i>		
<ol style="list-style-type: none"> 1. Parent or family has limited knowledge of age appropriate child development. (refer to Love & Logic or Triple P) 2. Parent or family parenting skills are inconsistent and family would benefit from child development education. 3. Parent or family exhibits appropriate knowledge of child development practices. 		
Notes:		
Resource(s) given with date:		
Follow up:		

SHS Family Needs and Interests Assessment: 2017 / 2018

Assessment Item	Baseline Score	End of Year Score
<u>Family as Life Long Educators</u>		
Family Education at Home: PIR Parenting <i>Would you like more information on how you can engage in age appropriate activities at home?</i>		
<ol style="list-style-type: none"> 1. Family is not engaging the child in age appropriate activities at home or utilizing services and supports. 2. Family is working with child but needs more information and guidance. 3. Family is engaging in age appropriate activities with the child at home. 		
Notes:		
Resource(s) given with date:		
Follow up:		
School Readiness: PIR Parenting <i>Briefly explain screener and assessments and ask parent if they would like any additional support or information.</i>		
<ol style="list-style-type: none"> 1. Family does not understand child developmental assessment data and progress or social emotional assessment data and progress. 2. Family has some understanding of child assessment data and participates in parent conferences or program functions. 3. Family understands child assessment data and guides the child and knows how to support their child for school readiness. 		
Notes:		
Resource(s) given with date:		
Follow up:		

SHS Family Needs and Interests Assessment: 2017 / 2018

Assessment Item	Baseline Score	End of Year Score
Promoting Primary Language: PIR English Language Learners <i>Does your family speak another language?</i>		

1. Family discourages child from speaking native language.
2. Family inconsistently uses native language.
3. Family consistently uses native language.

Notes:

Resource(s) given with date:

Follow up:

Families as Learners

Education, Training, and Life Goals: PIR Adult Education/Job Training

Are you satisfied with your education and job training? Would you like more information about education or job training programs?

1. Parent or Guardian does not have a high school diploma/GED, or needs education and training and has not set a career or life goal.
2. Parent or Guardian is working toward their GED/high school diploma, has a high school diploma/GED and/or is working toward further education, training, or literacy and has set and is working on a career and/or life goal.
3. Parent or Guardian is enrolled in college or training program, has a college degree and/or working toward advanced degree, certification or literacy. Has stable employment or is a stay-at-home parent/guardian

Notes:

Resource(s) given with date:

Follow up:

SHS Family Needs and Interests Assessment: 2017 / 2018

Assessment Item	Baseline Score	End of Year Score
<u>Family Engagement in Transitions</u>		
Transitions <i>Explain transitions and ask if they would like additional support.</i>		
1. Family is unaware of their role in supporting and advocating for their child's education. 2. Family is beginning to understand and advocate for their child's learning and development in the transition process. 3. Family is aware, advocates and actively engages in transition planning.		
Notes:		
<u>Resource(s) given with date:</u>		
<u>Follow up:</u>		
<u>Family Connections to Peers and Community</u>		
Families and communities <i>Tell me about your support system, community involvement and knowledge of community resources.</i>		
1. Family has no support network or any knowledge of community resources. 2. Family has some support networks and some knowledge of community resources and occasionally engages in their community. 3. Family has dynamic support networks and understands how to access community resources		
Notes:		
<u>Resource(s) given with date:</u>		
<u>Follow up:</u>		

SHS Family Needs and Interests Assessment: 2017 / 2018

Assessment Item	Baseline Score	End of Year Score
<u>Families as Advocates and Leaders</u>		
Leadership and Advocacy <i>Talk to me about your community groups. Would you like information on leadership or advocacy opportunities? (i.e., sports, church, Policy Council, school, parent café, etc.)</i>		
<ol style="list-style-type: none"> 1. Family is not involved in any leadership/advocacy roles. 2. Family is beginning to participate or would like to participate. 3. Family is actively serving in leadership/advocacy partnerships with other parents and/or community groups. 		
Notes:		
Resource(s) given with date:		
Follow up:		
<u>Additional Needs, Parent Meeting/Socialization Topics</u>		
Holiday Gifts <i>Referral or parent meeting topic</i>		
<ol style="list-style-type: none"> 1. Family will be referred to Holiday Gift Program (Adopt-A-Family, Toys for Tots, Angel Tree, etc.) 2. Family would like a Make-N-Take parent meeting/socialization 3. Family is capable of providing Holiday gifts to their family or attended parent meeting/socialization. 		
Notes:		
Resource(s) given with date:		
Agency referred to _____	Date: _____	
Follow up:		
Food Basket/Toys received: YES or NO Date: _____		

SHS Family Needs and Interests Assessment: 2017 / 2018

Assessment Item	Baseline Score	End of Year Score
Cooking for Kids <i>Healthy recipes or parent meeting topic</i>		
<ol style="list-style-type: none"> 1. Family would like this to be a parent meeting/socialization training topic. 2. Family would like healthy recipes. 3. Family cooks with their children regularly. 		
Notes:		
Resource(s) given with date:		
Follow up:		
Children's Art <i>Art activities or parent meeting topic</i>		
<ol style="list-style-type: none"> 1. Family would like this as a parent meeting/socialization topic. 2. Family would like art activities given to them periodically. 3. Family regularly participates in children's art activities. 		
Notes:		
Resource(s) given with date:		
Follow up:		
Additional Needs		
Notes:		
Resource(s) given with date:		
Follow up:		

SHS Family Needs and Interests Assessment: 2017 / 2018



Shasta Head Start Child Development Inc.

Family Partnership Agreement & School Readiness Goals

Child Name: _____

Date: _____

Parent Name(s): _____

HV/FW: _____

SETTING A GOAL:

1. What is one thing you would like to improve, change, or achieve (for yourself or your family)?

2. With the help of your FW/HV, decide on **one specific measurable activity/goal** you can complete within this program year (By June 1).

3. Are you working with another agency on the above goal? Yes No
If yes? How is that agency supporting you in achieving the goal?

ACTION STEPS: List 3 steps it will take to complete the activity/goal. If the family is working with another agency, refer to #3 to ensure that a duplication of services has not occurred.

	Person Responsible	Help Needed	Planned Completion Date	Date Completed
1. _____		_____		
2. _____		_____		
3. _____		_____		

Parent Signature

Date

Staff Signature

Date

Monthly Follow-up of Activities/Opportunities parent will provide for Child Goals: Include date

Monthly Family Goal Follow-up: Include Date



Shasta Head Start Child Development Inc.

Family Partnership Agreement & School Readiness Goals

Child Name: _____

Date: _____

Parent Name(s): _____

HV/FW: _____

SETTING A GOAL:

1. What is one thing you would like to improve, change, or achieve (for yourself or your family)?

2. With the help of your FW/HV, decide on **one specific measurable activity/goal** you can complete within this program year (By June 1).

3. Are you working with another agency on the above goal? Yes No
If yes? How is that agency supporting you in achieving the goal?

ACTION STEPS: List 3 steps it will take to complete the activity/goal. If the family is working with another agency, refer to #3 to ensure that a duplication of services has not occurred.

	Person Responsible	Help Needed	Planned Completion Date	Date Completed
1. _____		_____		
2. _____		_____		
3. _____		_____		

Parent Signature

Date

Staff Signature

Date

Monthly Follow-up of Activities/Opportunities parent will provide for Child Goals: Include date

Monthly Family Goal Follow-up: Include Date

Social Services

First /Primera

Home Visit Form/Formulario de Visita al Hogar

Child's Name/Nombre de Niño _____ Parent's Name/Nombre de Padre _____

Date/Fecha _____ Length of Visit/ Duración de la Visita: _____

Visit Location/Lugar de Visita: Home/Hogar: _____ Center/Centro _____ Alternate Location/Otro Lugar _____

Staff Making Contact/Persona Haciendo Contacto: _____ Rescheduled/Reprogramado: Y or N / S o N

Reason for No Contact /Razón para no tener contacto: _____

Items Discussed/Asuntos Discutidos:

Check off each item as completed/Marcar cada punto mientras lo completa

<input checked="" type="checkbox"/>	Item/Asunto
	Create Family Partnership Agreement with family/Hacer la Asociación con la Familia
	SHS Family Needs Assessment/Evaluación de las Necesidades de la Familia
	Health Requirement reminders / Recordatorio de los Requisitos de la Salud
	Hearing and Vision screening requirements and results/Requisito del chequeo del oído y vista y resultados
	Review Attendance Policy / Revisar la Política de la Asistencia
	Father/Father Figure Engagement Information / Información de la Participación de Padres
	Parent Meeting Calendar / Calendario de la Reunión de Padres
	In-Kind / Parent Child Activity Record / Item Donation / Classroom Volunteer
	Raising-A-Reader
	Needs/ Referrals/Follow up Information / Necesidades/Referencias/Información de Seguimiento:
	Site specific information / Información Específica del Centro:
	Individual Family Information / Información Individual de la Familia:
Additional Notes:	

Parents Signature/Firma del Padre

Date /Fecha

Interpreted by (if needed) Interpretado por

Date /Fecha

Family Worker Signature/Firma de Trabajadora Familiar

Date/Fecha

Child Development Staff Signature / Firma de la Maestra

Date/Fecha

CD STAFF ATTENDED REVIEWED (circle one)

ASISTIÓ REVISADO (Circule uno)

Social Services

Final /Final

Home Visit Form/Formulario de Visita al Hogar

Child's Name/*Nombre de Niño* _____ Parent's Name/*Nombre de Padre* _____Date/*Fecha* _____ Length of Visit/*Duración de la Visita*: _____Visit Location/*Lugar de Visita*: Home/Casa: _____ Center/Centro _____ Alternate Location/*Otro Lugar* _____Staff Making Contact/*Persona Haciendo Contacto*: _____ Rescheduled/Reprogramado: Y or N / S o NReason for No Contact /*Razón para no tener contacto*: _____**Items Discussed/Asuntos Discutidos:**

Check off each item as completed/Marque cada punto mientras lo completa

<input checked="" type="checkbox"/>	Item/Asunto
	Update FPA goal/Actualizar la Meta de la Asociación con la Familia
	Discuss upcoming Head Start EOY celebration events / Discutir los próximos eventos como la celebración de fin de año de Head Start
	Share summer ideas for continuation on goals and to help with transition / Compartir ideas de verano para continuar con las metas y ayudar con la transición
	Transition Information / Información sobre la Transición
	Complete any referrals and follow-up need to close program year / Completar cualquier referencia y seguimiento que se necesite para cerrar el programa anual
	Site specific information / Información Específica del Centro:
	Individual Family Information / Información Individual de la Familia:

Additional Notes:

Parents Signature/*Firma del Padre* _____ Date /*Fecha* _____ Interpreted by (if needed) *Interpretado por* _____ Date /*Fecha* _____

Family Worker Signature/*Firma de Trabajadora Familiar* _____ Date/*Fecha* _____ Child Development Staff Signature / *Firma de la Maestra* _____ Date/*Fecha* _____

CD STAFF ATTENDED REVIEWED (circle one)
ASISTIÓ REVISADO (Circule uno)

Shasta Head Start Child Development, Inc.

Contact Record

Family: _____ Telephone: _____

Shasta Head Start Child Development, Inc.

Contact Record

Family: _____ Telephone: _____