

Family Assessment

Child: _____ Parent(s)/Guardian(s): _____

Household Members: (Please list everyone who lives in the child's home.)

First/Last Name	DOB	Gender	Relationship

Head Start provides ongoing learning opportunities for parents in individual and groups settings. In collaboration between DACHS staff and family, review the list below and identify the areas according to family needs. Feel free to request additional information.

Legend: 3 - Strength 2- Interest 1 -Need

FAMILY WELL-BEING	Initial	Mid-Point	Exit
Employment- job skills/ job training			
Finances- income management/budget			
Family Health insurance			
Housing-stable/safe			
Transportation			
POSITIVE PARENT- CHILD RELATIONSHIPS			
Understanding of child development			
Parent/Guardian relationship with children			
Parenting skills			
FAMILIES AS LIFELONG EDUCATORS			
Support learning at home			
Reading with your children			
FAMILIES AS LEARNERS			
Level of education			
Communication skills			
FAMILY ENGAGEMENT IN TRANSITIONS			
Understanding the transitioning process			
FAMILY CONNECTIONS TO PEER & COMMUNITY			
Family Support			
Other Support			
FAMILIES AS ADVOCATES AND LEADERS			
Understanding advocacy			
Confident in speaking up for your child and family			

Other areas of interest/need:

Initial Assessment

Parent/Guardian Signature	Date	Staff Member	Date
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Other areas of interest/need:

Mid-Point Assessment

Parent/Guardian Signature	Date	Staff Member	Date
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Other areas of interest/need:

Exit Assessment

Parent/Guardian Signature	Date	Staff Member	Date
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