

South Central Child Development Inc.
Family Service Assessment, Individualized Partnership Agreement,
Family Engagement Outcomes

Parent/Guardian Name: _____

Child/Children(s) Name: _____

Unit: _____ Date: _____

Emergency Needs: _____ No Emergency Needs: _____

Parent's Signature: _____

Do you have an existing family plan or are you working with another agency? _____ Yes _____ No

If you are, would you like us to assist you? _____ Yes _____ No

To avoid duplication of services with existing family plans, SCCD Inc., asks for your consent to receive and to share information with other agencies identified by you. This information will be kept confidential and will only be used to coordinate activities with you and the other agenc(ies) you identify to support the goals on your individualized Partnership Agreement.

Yes, I give permission for the exchange of information between SCCD Inc., Head Start and the agen(cies) and agency person(s) listed. (List agenc(ies) and agency person(s) _____)

No, I do not give permission.

What are your family strengths?

What are your hopes and dreams for your family?

FAMILY WELL BEING

Goal Yes No

Comments

NO Concern

Family in
Need of
Assistance

Family is
Receiving
Assistance

Resources Needed

1st
Review

2nd
Review

1st
Review

2nd
Review

1st
Review

2nd
Review

Basic Life Skills

Home Management/Organizational Skills _____

Time Management _____

Personal Care/Hygiene _____

A Fire Exit Plan for My Home _____

CPR/First Aide for Infant/Child/Adult _____

Playground Safety _____

Pedestrian Safety _____

Drowning Prevention _____

Fall Prevention _____

Farming/Neighborhood Safety _____

Secure Weapons in Home _____

Poisoning Prevention _____

Comments		NO Concern		Family in Need of Assistance		Family is Receiving Assistance		Resources Needed
		1st Review	2nd Review	1st Review	2nd Review	1st Review	2nd Review	
Mental Health	Referral to Mental Health Professional							
	Anxiety, Depression							
	Community Support Group							
	Anger Management							
	Stress Management							
	Gambling							
	Grief, Death, Dying							
	Suicide Prevention							
Nutrition/Health	Well Balanced Diet/ Enough Food							
	Healthy Snacks/Meals							
	Food Safety/Food Preparation Skills							
	ROCS Garden Project Application							
	Lifestyle Changes/Exercise Movement							
	Eating Disorders/Obesity							
Head Start Child's Health and Development/Family Health	Child's Physical Scheduled?: _____							
	Where?: _____							
	Physical Completed? _____							
	Physical Follow-up? _____							
	Child's Dental Scheduled? _____							
	Where? _____							
	Dental Completed? _____							
	Dental Follow-up? _____							
	Need Transportation to:							
	Physical _____							
	Dental _____							
	Need Lead Screening (also Importance of) _____							
	Need Title 19 Medicaid Transportation _____							
	Health Concerns for Family__ Child _____							
	Need Screening/Assessment for Child (Other Than Head Start Child)							
	Need Immunizations for Child(ren): _____							
	Would Like to Take My Child(ren) to:							
	Optometrist _____							
	Audiologist _____							
	Reproductive Health _____							
Contraceptive Methods _____								
SD Family Planning (Services Based on Sliding Fee) _____								

Comments		NO Concern		Family in Need of Assistance		Family is Receiving Assistance		Resources Needed
		1st Review	2nd Review	1st Review	2nd Review	1st Review	2nd Review	
Continued	All Women Count Care (Breast Cervical Cancer Screening Based on Income)_____							
	Horizon Health Care (Services for Health & Dental-Based on Sliding Fee Where Available)_____							
	Medical Assistance for Children and Families (Medicaid/Chips)_____							
	Need a Medical Home (Doctor)_____							
Head Start Child's Health and Development/Family Health	My Child Head Start or Other Child is Receiving Special Education Services IFSP/IEP Services_____							
	Obtain Assistive Devices (Specify)_____							
	Join a Support Group for Families of Children with Disabilities (Specify)_____							
	Make Home Accessible for Person With Disability_____							
	Info/Assistance/Referral on Specific Resource for Adult/Child with Disability (ie: Parent Connection, Respite Care, SD Advocacy, Plans Program, Family Support, Birth to Three, Prairie Freedom Center, Shriners, Services to the Blind or Visually Impaired, Rights Under IDEA)_____							
Income & Income Support	Financial Literacy/Budgeting							
	Asset Building (Long Term)_____							
	Info on LSS Center for Financial Resources__							
	TANF_____							
	GA_____							
	SSI/SSDI_____							
	Child Support_____							
	SNAP_____							
	Local Food Pantry Info_____							
	WIC_____							
SD Unemployment Insurance Benefits_____								

Comments		NO Concern		Family in Need of Assistance		Family is Receiving Assistance		Resources Needed
		1st Review	2nd Review	1st Review	2nd Review	1st Review	2nd Review	
Housing/Utilities	Energy Assistance_____							
	Weatherization_____							
	Lifeline Telephone Services_____							
	Income Based Housing/Public Housing_____							
	Temporary Housing/Shelter Assistance_____							
	Habitat for Humanity (Where Available)_____							
	Home Needs: Plumbing, Heating, Smoke Detector, Home Repairs_____							
Eviction Notice/Disconnect Notice_____								
Clothing	Clothing Needs_____							
Substance Abuse	Tobacco_____							
	Alcohol_____							
	Drugs_____							
	Effects on Infants/Children_____							
	Community Support Group_____							
Employment	Job Search Assistance_____							
	Vocational Rehabilitation Services_____							
	Job Training_____							
	Resume Writing_____							
	Interviewing Skills_____							
	Veteran Services_____							
Transportation	Public Transportation_____							
	Car Seat for Child(ren)_____							
	Bicycle Safety, ie: Helmets_____							

Positive Parent-Child Relationship							Goal <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	NO Concern		Family in Need of Assistance		Family is Receiving Assistance		Resources Needed
	1st Review	2nd Review	1st Review	2nd Review	1st Review	2nd Review	
Parenting Develop Consistent, Nurturing, Positive Discipline____ Age Appropriate Development -Social Emotional, Cognitive____ Develop a Daily Routine ie: Mealtime, Bedtime, Toothbrushing, Book Reading____ Set Limits/Rules on Media Exposure____ Take Parenting Class____ Written Information on Parenting____							
Families as Lifelong Educators							Goal <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Engagement Observing, Promoting, Participating In Everyday Learning of My Child____ Develop a Plan for Daily Play, Sharing Time Together, Book Reading____ Develop A Plan for Child to Have Best Education____(Prepare for School) I Have Special Talents or Gifts I Would Like to Share with Other Head Start Parents/ Staff____ Further Information on Inkind Completion/ Expectation____ Info on being Involved in Volunteering at Head Start (PALS, Center/Combination, Parent Meetings, Home Visits, Policy Council, Field Trips, Fatherhood Activities, etc.____							
Families as Learners							Goal <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Education Want to Complete: Diploma, GED____ Tech School/ College Degree____ Career Counseling____ Reading/Literacy Services____ Family Literacy Activities____ Learn about the Benefits of Bilingualism and Biliteracy____ Improve English/ESL____ Access to Library/Internet____							

Family Engagement in Transitions

Goal Yes No

Comments	NO Concern		Family in Need of Assistance		Family is Receiving Assistance		Resources Needed
	1st Review	2nd Review	1st Review	2nd Review	1st Review	2nd Review	
School Readiness/ Transitions School Readiness Information _____ Learn About My Child's Needs-Transitioning_ _____ Learn Where to Access Transition Resources in my Community _____							

Family Connections to Peers & Community

Goal Yes No

Child Care	In Need of List of Child Care Providers _____ Info on Child Care Assistance _____ Interview Questionnaire for Screening New Child Care Providers (Quality Care) _____							
Family Services/Legal (Adult & Child)	Examples of Family Services/Legal: Unfair Landlord Practices, Divorce Court Costs, Order of Protection, Child Support, Employment Issues, Becoming a Legal Citizen, Foster Care, Child Adoption, Visitation Rights, Assistance to Families of Incarcerated Individuals, Victims Assistance, Wills, Sex Trafficking _____							
Family Relationships/ Social Support	Domestic Violence/Partner Violence _____ Conflict Resolution _____ Marriage or Relationship Educational Services (Where Available) _____ Learn About What Resources Are Available in My Community (Social, Recreational, & Religious) _____ Learn about Big Brother Big Sister Program or Kinship Programs (Where Available)							

Families as Advocates and Leaders

Goal Yes No

Community/Male Involvement & Youth	Register to Vote Participate/Volunteer in Community Groups/School Activities Become a Member of a Local Board (ie: School Board, Policy Council) Learn About Male Involvement in Head Start and Pals(Play and Learn Session)							
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First Review: Base on this assessment or other goals that I have, I would like to establish and write an individual partnership agreement at this time. Yes

Family Member Signature: _____ Date: _____

Family Member Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

Second Review: I would like to continue with my original goal(s) Yes No

Based on this assessment or other goal(s) that I have, I would like to establish and write a new Family Individual Family Partnership Agreement at this time. Yes No

Family Member Signature: _____ Date: _____

Family Member Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

- Was there a referral made? _____
- What was the referral(s)? _____
- Were services adequate? _____
- Did the services meet the family's needs? _____

- Date entered time #1 _____
- Date entered time #2 _____

Family Engagement Outcomes

Parent/Guardian Name: _____

Child/Children(s): _____

Unit: _____ Checkpoint Date #1: _____ Checkpoint Date #2: _____

_____ 1st Year Family _____ 2nd Year Family

First Checkpoint: Please check the line before each outcome **area(s)** that you think are important and would like to see the most gains for you and/or your family this Head Start program year. Also, check where you feel you currently are in ALL the outcome areas - Not yet; Emerging, Consistent; or Achieved.

Second Checkpoint: Please check where you and/or your family are at in the seven areas- Not yet; Emerging; Consistent; or Achieved.

	As a Result of My Participation and Experience in Head Start, My Family: (Second Review)
Checkpoint 1: _____	<p>1. Family Well Being Feels safe, healthy, and has a increased financial security</p> <p>_____ Not Yet _____ Emerging _____ Consistent _____ Achieved</p>
Checkpoint 2:	<p>_____ Not Yet _____ Emerging _____ Consistent _____ Achieved</p>
Checkpoint 1: _____	<p>2. Positive Parent-Child Relationships Developed warm relationships that nurture my child's learning and development.</p> <p>_____ Not Yet _____ Emerging _____ Consistent _____ Achieved</p>
Checkpoint 2:	<p>_____ Not Yet _____ Emerging _____ Consistent _____ Achieved</p>
Checkpoint 1: _____	<p>3. Families as Lifelong Educators Observes, guides, promotes and participates in the everyday learning of my child(ren) at home, school and community.</p> <p>_____ Not Yet _____ Emerging _____ Consistent _____ Achieved</p>
Checkpoint 2:	<p>_____ Not Yet _____ Emerging _____ Consistent _____ Achieved</p>

<p>Checkpoint 1:</p> <p>_____</p>	<p>4. Families as Lifelong Learners</p> <p>Has advanced own learning interests through education, training and other experiences that support parenting, careers and life goals.</p> <p>____ Not Yet ____ Emerging ____ Consistent ____ Achieved</p>
<p>Checkpoint 2:</p>	<p>____ Not Yet ____ Emerging ____ Consistent ____ Achieved</p>
<p>Checkpoint 1:</p> <p>_____</p>	<p>5. Family Engagement in Transitions</p> <p>Supports and advocates for my child’s learning and development as they transition to new learning environments (including Head Start to Kindergarten or Head Start to other learning environments).</p> <p>____ Not Yet ____ Emerging ____ Consistent ____ Achieved</p>
<p>Checkpoint 2:</p>	<p>____ Not Yet ____ Emerging ____ Consistent ____ Achieved</p>
<p>Checkpoint 1:</p> <p>_____</p>	<p>6. Family Connections to Peers and Community</p> <p>Has formed connections with peers and mentors in formal and informal social networks that are supportive and/or educational and that enhance social and well-being and community life.</p> <p>____ Not Yet ____ Emerging ____ Consistent ____ Achieved</p>
<p>Checkpoint 2:</p>	<p>____ Not Yet ____ Emerging ____ Consistent ____ Achieved</p>
<p>Checkpoint 1:</p> <p>_____</p>	<p>7. Family as Advocates and Leaders</p> <p>Has participated in leadership and development, decision making, program policy development, or in community and state organizing activities to improve children's development and learning</p> <p>____ Not Yet ____ Emerging ____ Consistent ____ Achieved</p>
<p>Checkpoint 2:</p>	<p>____ Not Yet ____ Emerging ____ Consistent ____ Achieved</p>