

**CHILD & FAMILY DEVELOPMENT PROGRAMS
of Community Action Team**

Head Start Family Needs/Interests/Strengths Assessment

Initial Completion Date:	Staff
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Child's Name:	Class: <input type="checkbox"/> AM1 <input type="checkbox"/> AM2 <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input type="checkbox"/> HB
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Parent(s)/Guardian(s):	Center:
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Head Start provides ongoing support for resources, learning opportunities for parents, and setting and achieving family goals. Review the list below and mark as a "Need", "Interest" or "Strength". You will have the opportunity to receive more information or resources on these topics throughout the year. **Need:** "I definitely need assistance with this topic or in this area", **Interest:** "This is an area where I would like more information." or **Strength:** "I have ability to deal with this topic or in this area".

	Need	Interest	Strength	Office Use Only		
				1 st	2 nd	3 rd
Family Well Being: <i>(Parents and Families are safe, healthy, and have increased financial security.)</i>						
• Education – Continue/further education						
• Employment – Employment/skills/training						
• English as a Second Language – ESL/ELL						
• Finances – Income management/finances/budgeting						
• Health – Insurance/medical/dental/mental/safety						
• Housing – Safe and efficient housing, energy assistance						
• Literacy Skills – Improve reading skills						
• Nutrition – Affordable access to food/meal preparation/healthy living						
• Transportation – Access/affordable/reliable/driver's license/car seat						
• Other:						
School Readiness: <i>(Parents and families support their children's learning of the skills and knowledge necessary for success in school.)</i>						
• Knowledge and understanding of child development						
• Mother and/or father actively involved with his/her child						
• Reading to my child/educational activities/promoting learning with my child						
• Knowledge and skills to teach my child						
• At home activities that support my child's individual learning						
• Making informed decisions regarding my child and their education (advocacy)						
• Kindergarten/school readiness and preparation						
• Support my child he/she experiences new situations (i.e. coming to Head Start, transition to kindergarten, etc.)						
• Connection/support with local schools						
• Other:						
Parenting/Family/Personal: <i>(Parents and families advance their own learning interests.)</i>						
• Parenting strategies/Parenting classes						
• Basic life skills (i.e. cooking, socialization, time management, etc.)						
• Family Fun Activities						
• Child Guidance/Discipline						
• Connection/support with other parents						
• Connection/support within my community						
• Family Planning						
• Grandparents raising children						
• Health (Adult) issues – heart disease, depression, diabetes, etc.						
• Other: (legal services, child care, relationships, etc.)						
				DATE:		