

# Family Needs Assessment

Child's Name: \_\_\_\_\_

Person Completing Survey: \_\_\_\_\_

Date Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Child: \_\_\_\_\_

Dear Parent:

Many families of young children have needs for information or support. If you wish, our staff are very willing to discuss these needs with you and work with you to identify resources that might be helpful.

Listed below are some needs commonly expressed by families. The columns on the right will be used to check any topics you would like to discuss. At the end there is a place that may be used to describe other topics not included in the list.

The information you provide through this form will be kept confidential.

Would you like to discuss this topic  
with a staff person from our program?

<b>TOPICS</b>	<b>No</b>	<b>Not Sure</b>	<b>Yes</b>
<b>Information</b>			
1. How children grow and develop			
2. How to play or talk with my child			
3. How to teach my child			
4. How to handle my child's behavior			
5. Information about any condition or disability my child might have			
6. Information about services that are presently available for my child			
7. Information about the services my child might receive in the future			
<b>Family &amp; Social Support</b>			
1. Talking with someone in my family about concerns			
2. Having friends to talk to			
3. Finding more time for myself			
4. Helping my spouse accept any condition our child might have			
5. Helping our family discuss problems and reach solutions			
6. Helping our family support each other during difficult times			
7. Deciding who will do household chores, child care, and other family tasks			
8. Deciding on and doing family recreational activities			
<b>Financial</b>			
1. Paying for expenses such as food, housing, medical care, clothing, or transportation			
2. Getting any special equipment my child needs			
3. Paying for therapy, day care, or other services my child needs			
4. Counseling or help in getting a job			
5. Paying for babysitting or respite care			
6. Paying for toys that my child needs			

Would you like to discuss this topic with a staff person from our program?

<b>TOPICS</b>	<b>No</b>	<b>Not Sure</b>	<b>Yes</b>
<b>Explaining to Others</b>			
1. Explaining my child's condition to my parents or my spouse's parents			
2. Explaining my child's condition to his or her siblings			
3. Knowing how to respond when friends, neighbors, or strangers ask questions about my child			
4. Explaining my child's condition to other children			
5. Finding reading material about other families who have a child like mine			
<b>Child Care</b>			
1. Locating babysitters or respite care providers who are willing and able to care for my child.			
2. Locating a day care program or preschool for my child			
3. Getting appropriate care for my child in a church or synagogue during religious services			
<b>Professional Support</b>			
1. Meeting with a minister, priest, or rabbi			
2. Meeting with a counselor (psychologist, social worker, psychiatrist)			
3. More time to talk to my child's teacher or therapist			
<b>Community Services</b>			
1. Meeting & talking with other parents who have a child like mine			
2. Locating a doctor who understands me and my child's needs			
3. Locating a dentist who will see my child			

Other: Please list other topics or provide any other information that you would like to discuss .

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Is there a particular person with whom you would prefer to meet?

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*Thank you for your time.*

*We hope this form will be helpful to you in identifying the services that you feel are important.*