

Family-Directed Assessment

Child's Name _____
 Last Name First Name Middle Name

Date of Birth _____
 MM/DD/YYYY

Family Member(s) Participating in the Assessment	Other Family Members/Siblings Who Live in the Household With the Child
Name	Name
Relationship to Child	Relationship to Child
Name	Name
Relationship to Child	Relationship to Child
Name	Name
Relationship to Child	Relationship to Child

As part of your child's Multidisciplinary Evaluation (MDE), you are given the chance to take part in a voluntary family-directed assessment. Your participation can be helpful in determining the concerns, priorities, and resources of your family related to caring for and enhancing your child's development, all of which will inform the potential results of early intervention services. It is not a test of your parenting skills. The family-directed assessment is based on information provided by you and your family in a personal one-to-one discussion with a member of your evaluation team.

The family-directed assessment can also help you to think about what you need most from early intervention services and other community services or supports, for both your child and family. Additionally, it can help you and your Individualized Family Service Plan (IFSP) team plan for your IFSP meeting if your child is deemed eligible for the Early Intervention Program (EIP). All of the information that you share is kept private. You decide what information from the assessment should be included in the evaluation report and discussed at your IFSP meeting.

What questions can I answer before you make a decision about participating in the family-directed assessment?

Please check and sign:

- Yes, I would like to participate in the family-directed assessment.
- No, I do not want to participate in the family-directed assessment.

Parent/Guardian's Signature _____ Date _____

Please note: If the fillable *Family-Directed Assessment Form* includes a Parent/Guardian's electronic signature for consent to participate in the family-directed assessment, **that signature must also include an electronic signature validation marker (available through applications like Adobe Acrobat, DocuSign, etc.) that includes the signature date and time on the form.** If that safeguard is not available, the *Family-Directed Assessment Form* must be printed to allow the parent/legal guardian to sign for consent on the paper copy.

Administering Evaluator's Signature _____ Date _____

Do You Need Help With or Need Information About Any of the Following?	Please Check Yes or No	Describe
Your child's developmental needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Information related to your child's developmental delay or disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing, food, clothing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Finding employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone, technology (i.e., internet connectivity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Finding a physician or other specialists	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Finding childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Help for caregivers to have a break (i.e., respite)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental health resources	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Coping with your child's developmental delay/disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Helping your child's siblings adjust to having a sibling with a developmental delay/disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment, supplies, assistive technology devices (ATDs) and/or services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ideas for family/play activities at home or in the community	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Integrating your child into the community and activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Meeting with other families in your community	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Modifying your home to assist with activities of daily living for your child	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family training/education	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Planning for the future; what to expect	<input type="checkbox"/> Yes <input type="checkbox"/> No	

What Are Your Priorities, Resources, and Concerns?	Describe
Waking/Sleep Routines (i.e., Describe how your child lets you know he/she is awake. Describe nap/bedtime routines with your child, can they go to sleep independently?)	
Feeding/Mealtime Routines (i.e., Describe how your child eats, drinks, lets you know they are hungry, favorite foods, foods that are difficult.)	
Diapering/Dressing Routines (i.e., Describe how your child does with diapering? Putting on clothes?)	
Playtime Routines Indoor/Outdoor (i.e., Favorite toys? Enjoys outdoors? Usual play routines, who do they play with?)	
Bath Time Routines (i.e., Describe bath time with your child.)	
Errands/Getting Ready to Go Out Routines (i.e., Describe how your child does on outings or during transitions from one activity to another.)	
Family Time Routines (i.e., How does your family spend time together? What does your family do for fun?)	
Parent/Child Relationships and Interactions (i.e., Describe how you interact / engage or play with your child.)	
Resources (i.e., family, extended family, WIC, Medicaid, Doctors, SSI, etc. Who are your supports? What programs outside of the EIP are your family involved with? What resources would you like help contacting?)	
Are there any other priorities, resources, or concerns in relation to your child and family that we have not discussed? If yes, please describe.	

Is there any information from the assessment that you do not want included in the evaluation report and discussed at your IFSP meeting? Describe:

Your service coordinator will give you information and resources on other programs and services which can help your family, including services outside of the Early Intervention Program.