

BIG SANDY HEAD START

PFCE Family Needs/Goal Assessment

2018-2019

Delegate: _____

Center: _____

Parent(s)/Guardian(s): _____

Child's Name: _____

"If you have a positive attitude and constantly strive to give your best effort, eventually you will overcome your immediate problems and find you are ready for greater challenges."

Pat Riley

FAMILY WELL-BEING

	<i>Forerunner</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>
Safe and Adequate Housing				
<p><i>Do you own or rent your home?</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/> <i>Rent</i> <input type="checkbox"/> <i>Living with Relatives</i> <input type="checkbox"/> <i>Homeless</i> <i>Are you satisfied with your home?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i></p> <p><i>If you could make improvements to your home, what would it be?</i></p>				
Nutrition Awareness: Meal Planning: Promoting Family Style Meals				
<p><i>Are you aware of nutritional guidelines?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>Do you have any nutritional concerns?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i></p> <p><i>Do you have enough food or able to provide food for the week/month?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i></p> <p><i>Do you receive Food Stamps or WIC?</i> <input type="checkbox"/> <i>Food Stamps</i> <input type="checkbox"/> <i>WIC</i> <input type="checkbox"/> <i>Neither</i></p> <p><i>Would you like information on any of the following:</i> <input type="checkbox"/> <i>Nutritional Guidelines</i> <input type="checkbox"/> <i>Food Pantry's</i> <input type="checkbox"/> <i>Receiving Food Stamps</i> <input type="checkbox"/> <i>Receive WIC</i></p>				
Employment				
<p><i>Are you currently:</i> <input type="checkbox"/> <i>Employed</i> <input type="checkbox"/> <i>Unemployed</i> <input type="checkbox"/> <i>Seeking employment</i> <input type="checkbox"/> <i>Stay at home parent</i></p> <p><i>Are you satisfied with your current situation:</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i></p> <p><i>Are you interested in seeking job training or career development:</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i></p>				
Money Management				
<p><i>Do you need any help with money management/budgeting skills?</i></p> <p><i>What is your source of income?</i> <input type="checkbox"/> <i>KTAP</i> <input type="checkbox"/> <i>SSI</i> <input type="checkbox"/> <i>SS</i> <input type="checkbox"/> <i>Employment:</i> _____</p>				

Health Insurance	Forerunner	Level 1	Level 2	Level 3
Does the entire family have health insurance? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No If no, would you like information on medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Medical Assistance	Forerunner	Level 1	Level 2	Level 3
Do you have a regular Doctor? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No Do you have a regular Dentist? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No Are you satisfied with your medical professionals? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have a pediatrician? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No Does your child have a dentist? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No				
Stress and Resilience	Forerunner	Level 1	Level 2	Level 3
Every family has stress, how do you cope with stress? _____ Who do you go to for support? _____				
Transportation	Forerunner	Level 1	Level 2	Level 3
Does the family have access/affordable/reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever used public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, does it work for your family/would you rely on public transportation again? _____				
Family Well-Being Totals				
Positive Parent-Child Relationship				
Family Relationships	Forerunner	Level 1	Level 2	Level 3
What kinds of activities do you do as a family? <input type="checkbox"/> Game night <input type="checkbox"/> Family Dinner <input type="checkbox"/> Park <input type="checkbox"/> Movies <input type="checkbox"/> School functions <input type="checkbox"/> Other: _____ Who usually participates in the activities? <input type="checkbox"/> Parents <input type="checkbox"/> Siblings <input type="checkbox"/> Grandparents <input type="checkbox"/> Extended Family <input type="checkbox"/> Friends <input type="checkbox"/> Other: _____				
Head Start Involvement	Forerunner	Level 1	Level 2	Level 3
What do you think about the home projects sent home? How often do you get to volunteer in the classroom? Do you attend parent meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Policy Council <input type="checkbox"/> Policy Committee <input type="checkbox"/> Health Advisory <input type="checkbox"/> School Readiness				

Engagement	Forerunner	Level 1	Level 2	Level 3

Are you involved in any of the following? Parent Teacher Conferences ARC Education Home Visits

Developmental Screenings	Forerunner	Level 1	Level 2	Level 3

Do you understand the developmental screenings Head Start provides? Yes No

Attendance	Forerunner	Level 1	Level 2	Level 3

Attendance is very important. Does your child enjoy going to school? Yes No Has attendance been an issue? Yes No

Forerunner	Level 1	Level 2	Level 3

Positive Parent-Child Relationships Totals

Families as Lifelong Educators

Current Education Status/Furthering Education	Forerunner	Level 1	Level 2	Level 3

Are you taking any college classes or GED classes currently? Yes No Are you interested in furthering your education? Yes No
 Would you like help gathering information on local colleges? Yes No KCTCS MSU Extended Degree Interest: _____

Did you know Head Start will help pay for some college courses? Yes No
 Are you interested in working in Head Start? Yes No *Head Start will pay for CDA classes.

Forerunner	Level 1	Level 2	Level 3

Families as Lifelong Learners Totals

Family Connections to Peers and Community

Community Involvement	Forerunner	Level 1	Level 2	Level 3

Do you participate in any community activities such as: Local Festivals Relay for Life Fund Raising Events Other: _____
 What activities are you involved in: Church Library Flea/Farmers Market Other: _____
 Are you aware of community services available such as: LIHEAP Build a Bed Family Resource Centers Food Banks
 Would you like any information on any community resources? Yes No
 Is there a need/issue that you need assistance with? (Other community resource may be able to help) Yes No

	Forerunner	Level 1	Level 2	Level 3
<i>Family Connections to Peers and Community Totals</i>				

Family Engagement in Transitions

Kindergarten Readiness	Forerunner	Level 1	Level 2	Level 3

Do you know what School Readiness is? Yes No

Reading is a big part of School Readiness, do you read to your child daily? Yes No

Do you feel your child is being prepared for kindergarten? Yes No

When its time for your child to "move up" to kindergarten, do you know the steps that will occur? Yes No

Are you aware who your office staff/personnel are at the school he/she will attend? Yes No

	Forerunner	Level 1	Level 2	Level 3
<i>Family Engagement in Transitions Totals</i>				

Families as Learners

Family Interest/Goals	Forerunner	Level 1	Level 2	Level 3

What are some of your interests? Quilting Cooking Art /Crafting Outdoors Sports Others: _____

What are some of your life goals?

Tell me some things you consider a strength about yourself, something that is positive about you?

If you could accomplish/do one thing within the next year what would that be?

	Forerunner	Level 1	Level 2	Level 3
<i>Families as Learners Totals</i>				

Families as Advocates and Leaders

Promoting Head Start	Forerunner	Level 1	Level 2	Level 3

Do you know ways to become active within Head Start?

Do you share positive information about Head Start with family and friends by using word of mouth or social media?

	Forerunner	Level 1	Level 2	Level 3
<i>Families as Advocates and Learners Totals</i>				