

Family Needs Survey

Parent/Guardian name(s) _____

Address _____

Primary Phone: _____ Alternate Phone _____

Email _____

We are committed to helping meet the needs of the children and families we serve. Please complete the following survey so that we may best serve you.

Do you have any concerns about your child(ren) (enrolled child or siblings) in any of the following areas?
(Check all that apply)

- | | |
|---------------------------|-------------------------------------|
| _____Hearing | _____Behavior/Emotional Development |
| _____Vision | _____Learning/Cognitive Development |
| _____Speech | _____Social Development |
| _____Physical Development | _____Other _____ |

Are any of your children receiving services for any of the areas checked above? _____

If so, what agency/district provides services? _____

Are the services meeting your needs? _____

What language is your child most comfortable with? _____

What are some goals you may have for yourself and or your family?

Do you need assistance in any of the following areas? (Check all that apply)

- | | |
|-------------------------------------|-------------------------------------|
| _____ Food/ nutrition | _____ Senior Citizen Services |
| _____ Child support | _____ Parent support groups/classes |
| _____ Disabilities services | _____ Education (child) |
| _____ Substance abuse | _____ GED/Vocational/College |
| _____ Employment/career development | _____ Cash Assistance (TANF) |

Veterans resources
 Shelter housing assistance
 Legal assistance other than child support
 Transportation
 Other _____

Domestic Violence
 Dental/Medical
 Utility Assistance
 Mental Health

Would you be interested in attending a workshop on any of the above topics? _____

I decline to participate in the family needs assessment.

Signature of the individual completing form

Date

Signature of Administrator or designee

Date

<p>For office Use only:</p> <p><input type="checkbox"/> No information requested</p> <p><input type="checkbox"/> Provided resources</p> <p>Information given:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Referral made to:</p> <p>_____</p> <p>_____</p> <p>Thirty Day follow up made on (Date)</p> <p>_____</p>
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