



Child \_\_\_\_\_ Parent(s) \_\_\_\_\_ Site/Classroom \_\_\_\_\_

FSPA Date \_\_\_\_\_ FSPA Update Date \_\_\_\_\_ FSC Initial \_\_\_\_\_

<p><b>Wellbeing/Health</b></p> <p><input type="checkbox"/> Well-child/dental exams up to date?</p> <p><input type="checkbox"/> Child—medical/dental coverage Type of insurance _____</p> <p><input type="checkbox"/> Adult—medical/dental coverage Type of insurance _____</p> <p><b>ABCDE dental</b></p> <p><input type="checkbox"/> Enrolled   <input type="checkbox"/> Referred   <b>SAN</b></p>	<p><b>Health Concerns</b></p> <p><input type="checkbox"/> Health concerns _____</p> <p><input type="checkbox"/> Needs IHP _____</p> <p><input type="checkbox"/> Special diets _____</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Wellbeing/Mental Health</b></p> <p><input type="checkbox"/> Family has the tools to “de-stress” when needed</p> <p><input type="checkbox"/> Experiencing recent family changes</p> <p><input type="checkbox"/> Discussed mental health consultants</p>	<p><b>Food/Nutrition</b></p> <p><b>Family has access to resources:</b></p> <p><input type="checkbox"/> WIC   <input type="checkbox"/> Food stamps</p> <p><input type="checkbox"/> Food banks</p> <p><b>Interested in more information on:</b></p> <p><input type="checkbox"/> Child/adult nutrition</p> <p><input type="checkbox"/> Food selection/preparation</p> <p><input type="checkbox"/> Meal planning/budgeting</p>	<p><b>Family Interests</b></p> <p><input type="checkbox"/> Special skills or hobbies</p> <p><input type="checkbox"/> Special activities family enjoys</p> <p><input type="checkbox"/> Volunteer interests</p>
<p><b>Disabilities</b></p> <p><input type="checkbox"/> SSI</p> <p><input type="checkbox"/> DDD</p> <p><input type="checkbox"/> Child has IEP/IFSP</p> <p><input type="checkbox"/> Provider _____</p>	<p><b>Referrals/Resources/Additional information</b></p>			<p><b>Housing</b></p> <p><input type="checkbox"/> Receiving housing subsidies</p> <p><input type="checkbox"/> Seeking permanent housing</p> <p><input type="checkbox"/> Homeless or sharing housing</p> <p><input type="checkbox"/> Can access energy/utility assistance</p>
<p><b>Parent Child Relationship</b></p> <p><input type="checkbox"/> Family supports children’s education at home (read and write together)</p> <p><input type="checkbox"/> Family provides regular routine for child (meal time, bed times, etc.)</p> <p><b>Interested in more info on:</b></p> <p><input type="checkbox"/> Child development</p> <p><input type="checkbox"/> Parenting methods</p> <p><input type="checkbox"/> Positive discipline</p>	<p><b>Agency involvement: What other agencies or services are you currently working with? How can we help you with that?</b></p> <p><input type="checkbox"/> Children’s Home Society   <input type="checkbox"/> Frontier Behavioral Health   <input type="checkbox"/> Working Connections   <input type="checkbox"/> SNAP   <input type="checkbox"/> CPS</p> <p><input type="checkbox"/> YWCA DV   <input type="checkbox"/> Vanessa Behan   <input type="checkbox"/> Other _____</p>			<p><b>Family as Learners</b></p> <p><input type="checkbox"/> Interested in pursuing education</p> <p><input type="checkbox"/> ABE/GED/ESL information</p> <p><input type="checkbox"/> Needs financial aid information</p> <p><input type="checkbox"/> Currently enrolled in training program/school at: _____</p>
<p><b>Childcare</b></p> <p><input type="checkbox"/> <b>Has childcare to meet needs</b></p> <p><input type="checkbox"/> Child care center</p> <p><input type="checkbox"/> In-home provider</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Has DSHS childcare subsidies</p> <p><input type="checkbox"/> Does not need childcare</p>	<p><b>Safety/Legal</b></p> <p><input type="checkbox"/> Family feels safe</p> <p><input type="checkbox"/> Child support/parenting plan in place</p> <p><input type="checkbox"/> Family involved in divorce or custody issues</p> <p><input type="checkbox"/> Family involved with Child Protective Services</p> <p><input type="checkbox"/> Concerned with legal issues</p> <p><input type="checkbox"/> Protection order in place</p>	<p><b>Transportation</b></p> <p><input type="checkbox"/> Family has reliable transportation</p> <p><input type="checkbox"/> Has car/booster seats</p> <p><b>Most often use:</b></p> <p><input type="checkbox"/> Private car</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Child will get to school by: _____</p>	<p><b>Financial Wellbeing</b></p> <p><input type="checkbox"/> Family has resources to meet expenses</p> <p><input type="checkbox"/> Currently employed FT/PT</p> <p><input type="checkbox"/> WorkFirst/TANF participant</p> <p><b>Would like more information on:</b></p> <p><input type="checkbox"/> Budgeting</p> <p><input type="checkbox"/> Tax credits and tax filing</p> <p><input type="checkbox"/> Energy assistance</p>	<p><b>Connection to Peers &amp; / Community</b></p> <p><input type="checkbox"/> Extended family and/or friends are supportive</p> <p><input type="checkbox"/> Has community connections</p> <p><input type="checkbox"/> Neighborhood programs/services</p> <p><input type="checkbox"/> Church/spiritual</p> <p><input type="checkbox"/> Military/former military</p> <p><input type="checkbox"/> Other</p>

S=Strength                      A=Adequate                      N=Need

