

FAMILY STRENGTHS	FAMILY CONCERNS
<p>RESOURCE DEVELOPMENT: Your family's strengths and resources can support your child's learning. To best serve your child, it is helpful to know about issues or concerns that are important to you.</p> <p>What types of resources and supports can your family count on? (Family, friends, social groups, church community)</p> <p>Possible Questions to ask:</p> <ul style="list-style-type: none"> If you have a problem or need advice, who would you call. What does your family like to do with other people outside the home? 	<p><i>Do you have concerns about meeting the needs of your child or family within the next year? Circle the specific need to be addressed.</i></p> <p><input type="checkbox"/> Childcare (availability, cost, quality, location) State childcare assistance: 1-800-299-1627</p> <p><input type="checkbox"/> Family needs and supports (how to communicate about child's disability, recreation, respite, counseling, etc.) IN*SOURCE: 1-800-332-4433</p> <p><input type="checkbox"/> Family Education (parenting/discipline, child development, developmental disabilities, transitions, English as a second language, on-going educational goals, etc.)</p> <p><input type="checkbox"/> Financial/Benefits (income, bills, Medicaid, SSI, CCDF vouchers, etc.) Dept. Family Resources: 1-800-403-0864</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> NOTHING NEEDED AT THIS TIME</p>

LIFE EVENTS	YES	NO	Family wants Resources	Comments/Resources Provided (Explain each "YES")
Change in Family Structure/Living Situation			Y N	
Conflict in the Home/Safety Issues			Y N	
Recent Illness/Hospitalization/Addiction			Y N	
Financial Difficulties			Y N	
Military Deployment			Y N	
Mental Health Concerns			Y N	
Other _____			Y N	

SUMMARY: Possible Family Priorities for IFSP Development
List every routine that you marked as "Possible IFSP Outcome" here.
Possible IFSP Outcomes:

Time In: _____ Time Out: _____ Total Minutes: _____ Date: _____