

<input type="checkbox"/> I decline to participate in the First Steps Family Assessment.	_____ <i>Parent Signature</i>	_____ <i>Date</i>
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1. ROUTINE; GETTING UP/NAP/BED TIME	Family Satisfaction with this Routine								
Priority Question: <ul style="list-style-type: none"> How does your child's delay impact this routine? Possible Questions: <ul style="list-style-type: none"> What time does s/he wake up in AM /go down in PM? Do you have any nap/ bed time routines? Who puts her/him down? Where does s/he sleep? How do you know s/he is awake/sleepy? What is the rest of the family doing? In your perfect/ideal world, would this routine be different? How? 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">Concern</td> <td style="text-align: center;">Possible Concern</td> <td style="text-align: center;">Ok</td> <td style="text-align: center;">Works Well</td> </tr> </table> <input type="checkbox"/> Possible IFSP Outcome	1	2	3	4	Concern	Possible Concern	Ok	Works Well
1	2	3	4						
Concern	Possible Concern	Ok	Works Well						

Notes:

2. ROUTINE: DIAPERING/GETTING DRESSED	Family Satisfaction with this Routine								
Priority Question: <ul style="list-style-type: none"> How does your child's delay impact this routine? Possible Questions to Ask: <ul style="list-style-type: none"> Who helps with dressing? Does s/he use the potty during the day? How do you know s/he needs a diaper change or use potty? In your perfect/ideal world, would this routine be different? How? 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">Concern</td> <td style="text-align: center;">Possible Concern</td> <td style="text-align: center;">Ok</td> <td style="text-align: center;">Works Well</td> </tr> </table> <input type="checkbox"/> Possible IFSP Outcome	1	2	3	4	Concern	Possible Concern	Ok	Works Well
1	2	3	4						
Concern	Possible Concern	Ok	Works Well						

Notes:

3. ROUTINE: MEAL TIME/FEEDING	Family Satisfaction with this Routine								
Priority Question: <ul style="list-style-type: none"> How does your child's delay impact this routine? Possible Questions to Ask: <ul style="list-style-type: none"> Where does s/he eat? How do you know s/he is hungry and/or finished? Who helps with feeding? In your perfect/ideal world, would this routine be different? How? 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">Concern</td> <td style="text-align: center;">Possible Concern</td> <td style="text-align: center;">Ok</td> <td style="text-align: center;">Works Well</td> </tr> </table> <input type="checkbox"/> Possible IFSP Outcome	1	2	3	4	Concern	Possible Concern	Ok	Works Well
1	2	3	4						
Concern	Possible Concern	Ok	Works Well						

Notes:

4. ROUTINE: AROUND THE HOUSE	Family Satisfaction with this Routine								
<p>Priority Question:</p> <ul style="list-style-type: none"> • How does your child's delay impact this routine? • In your perfect/ideal world, would this routine be different? How? <p>Possible Questions to Ask:</p> <p>INDOORS:</p> <ul style="list-style-type: none"> • What are his /her main interests when playing? • Does s/he have a favorite toy or activity? • What do you as a family like to do around the house? • How does s/he interact with other family members? <p>OUTDOORS:</p> <ul style="list-style-type: none"> • What activities do you enjoy doing outside as a family? • What does s/he like/not like about being outside? • How does s/he get around outside? 	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Concern</td> <td>Possible Concern</td> <td>Ok</td> <td>Works Well</td> </tr> </table> <p><input type="checkbox"/> Possible IFSP Outcome</p>	1	2	3	4	Concern	Possible Concern	Ok	Works Well
1	2	3	4						
Concern	Possible Concern	Ok	Works Well						
<p>Notes:</p>									
5. ROUTINE: BATH TIME	Family Satisfaction with this Routine								
<p>Priority Question:</p> <ul style="list-style-type: none"> • How does your child's delay impact this routine? <p>Possible Questions to Ask:</p> <ul style="list-style-type: none"> • Who usually bathes her/him? • How is s/he bathed? • Does s/he like the water? How do you know? • In your perfect/ideal world, would this routine be different? How? 	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Concern</td> <td>Possible Concern</td> <td>Ok</td> <td>Works Well</td> </tr> </table> <p><input type="checkbox"/> Possible IFSP Outcome</p>	1	2	3	4	Concern	Possible Concern	Ok	Works Well
1	2	3	4						
Concern	Possible Concern	Ok	Works Well						
<p>Notes:</p>									
6. ROUTINE: TRAVEL/OUT IN PUBLIC	Family Satisfaction with this Routine								
<p>Priority Question:</p> <ul style="list-style-type: none"> • How does your child's delay impact this routine? <p>Possible Questions to Ask:</p> <ul style="list-style-type: none"> • How do things go when getting ready to leave the house? • How is traveling in the car with your child? • Does s/he like being in stores? • How does s/he react to other people? • In your perfect/ideal world, would this routine be different? How? 	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Concern</td> <td>Possible Concern</td> <td>Ok</td> <td>Works Well</td> </tr> </table> <p><input type="checkbox"/> N/A (Explain in Notes)</p> <p><input type="checkbox"/> Possible IFSP Outcome</p>	1	2	3	4	Concern	Possible Concern	Ok	Works Well
1	2	3	4						
Concern	Possible Concern	Ok	Works Well						
<p>Notes:</p>									

7. ROUTINE: INTERACTING WITH OTHERS (FAMILY, FRIENDS, PEERS)	Family Satisfaction with this Routine								
<p>Priority Question:</p> <ul style="list-style-type: none"> How does your child's delay impact this routine? <p>Possible Questions to Ask:</p> <ul style="list-style-type: none"> How does s/he interact with others during play? (e.g., initiating, handling conflict, enjoyment) Can s/he self soothe if s/he gets upset? In your perfect/ideal world, would this routine be different? How? 	<table border="0"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">Concern</td> <td style="text-align: center;">Possible Concern</td> <td style="text-align: center;">Ok</td> <td style="text-align: center;">Works Well</td> </tr> </table> <p><input type="checkbox"/> N/A (Explain in Notes)</p> <p><input type="checkbox"/> Possible IFSP Outcome</p>	1	2	3	4	Concern	Possible Concern	Ok	Works Well
1	2	3	4						
Concern	Possible Concern	Ok	Works Well						
<p>Notes:</p>									
8. ROUTINE: CHILD CARE (FORMAL/INFORMAL)	Family Satisfaction with this Routine								
<p>Priority Question:</p> <ul style="list-style-type: none"> How does your child's delay impact this routine? <p>Possible Questions to Ask:</p> <ul style="list-style-type: none"> What type of childcare do you use? How often/hours is s/he cared for by someone else? How does the transition between caregivers go? Has childcare provider voiced any concerns? In your perfect/ideal world, would this routine be different? How? <p>If Applicable, Child Care Name/Phone:</p> <p><input type="checkbox"/> Release on File</p>	<table border="0"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">Concern</td> <td style="text-align: center;">Possible Concern</td> <td style="text-align: center;">Ok</td> <td style="text-align: center;">Works Well</td> </tr> </table> <p><input type="checkbox"/> Child is not being cared for by others at this time. Explain in notes.</p> <p><input type="checkbox"/> Possible IFSP Outcome</p>	1	2	3	4	Concern	Possible Concern	Ok	Works Well
1	2	3	4						
Concern	Possible Concern	Ok	Works Well						
<p>Notes:</p>									
<p>Other Comments/Information about routines:</p>									

FAMILY STRENGTHS	FAMILY CONCERNS
<p>RESOURCE DEVELOPMENT: <i>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.</i></p>	<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>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><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: _____