

Indiana First Steps
Assessment Team
Family Summary
(Sample)

Child Name: _____ **DOB:** _____ **Date:** _____

Assessment Team Members:

Name:

Contact Information:

(1)

(2)

What is your child doing now? (Current skills; skills that are strengths and skills that can be worked on):

Parent Question: What activities/skills/routines would you like your child to be able to do?

Activities that will promote your child's development:

Your Service Coordinator will call you to set-up a meeting to talk about your child's eligibility and need for services in the First Steps program. (Your child does not need to be present for this meeting).

Your Service Coordinator

*Phone
Number/Email*
