**OUR STORY**

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| **Names of Family Members and others who live in our home:** |
| **Role of Each Member in Our Home: (i.e., primary caregiver, nurturer, etc.)** |
| **Names and role of other important people in our life:** |
| **Medical Information for my child (including birth history, therapies received outside of EI, past and upcoming surgeries/procedure):**  **Family/Caregiver medical or mental health concerns (including upcoming surgeries):** |
| **Preferred language or communication method:**  **Cultural characteristics** *(common traditions, rituals, symbols, boundaries, preferences, communication styles, diets, etc):*  **Important cultural events:**  **What activities does my family enjoy doing together?**  **Are we still able to do these activities?**  **How well is my family able function when we go out into the community?** |

| **Typical Activities in**  **Our Day \*\*\* The FDA focuses on the family.** | * **What is my child is doing during this routine?** * **How independent is my child during this routine?** * **Who is helping/participating? Share about the child’s social interactions during this routine.** * **Where does this routine usually take place?** * **How does my child communicate/follow directions during this routine?** * **How easy is it to understand my child during this routine?** * **What does this routine sound like?** * **What does transition look like from one routine to another?** | * **What is enjoyable/satisfactory and works well for my child and for us?** * **What is difficult/challenging for my child? For us?** * **What have I/we tried?** * **What are my concerns with this routine (if any)?**   **\*\*\*\*\*Replace my child and family with for my family. Do this for every column** | |
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| **Sleep Routines**   * Waking Up * Napping * Bedtime |  | | |
| **Cleaning up/Getting Ready**   * Bathing * Tooth brushing * Diapering/Toileting * Dressing |  | | |
| **Mealtime Routines**   * Breakfast * Lunch * Snacks * Dinner |  | | |
| **Playing**   * Play interactions with adults/children * Play interests * Preferred play environments * Favorite toys, games, activities |  | | |
| **Typical Activities in**  **Our Day** | * **What is my child is doing during this routine?** * **How independent is my child during this routine?** * **Who is helping/participating?** * **Where does this routine usually take place?** * **How does my child communicate/follow directions during this routine?** | | * **What is enjoyable and works well for my child and for us?** * **What is difficult for my child? For us?** * **What have I/we tried?** * **What are my concerns with this routine (if any)?** |
| **Outings/getting around**   * Riding in the car seat * Favorite places to go/things to do * Errands * Special Occasions/Activities |  | | |

| **Additional Information About My Family**  **My family’s priorities are:**  **My family’s concerns are:**  **Areas where improvements would be helpful for my family:**  **Strengths within my family include:**   * **Our family currently uses the following formal services, supports and agencies (**BCMH, WIC, Medicaid, CBDD Family Support Funds, private insurance, healthcare marketplace insurance) * **Other informal resources that our family uses (church, neighbors)** * **Other resources that would be helpful:** * **What would my family like to do that we can no longer do?** * **If we have an emergency we can call (relatives, friends, agencies, programs, etc)**: * **Current worries or concerns about my child:** * **The Ohio Early Intervention Program can help us be successful by:** |
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