

Family Directed Assessment
Meet the _____ Family

The following IFSP team members participated in the family directed assessment (FDA) on _____:

Communicating with the family:

Preferred method of communication: Calls Text Email Face to Family's

Native language: _____

If other than English, are any of the following resources needed:

Interpreter Reading materials out loud translating written materials ASL AT Braille Other No needs

Family Ecology:

We learned the following from the ECOMAP (attach a copy of the family's ECOMAP)

The family would like their EI team to be aware of the people and pets living in their home and other considerations (e.g. safety, schedules, cultural) when visiting their home.

The family would like the EI team to be aware of the following health concerns related to the child's parents, caregivers and other important people in the family's life (e.g. medical conditions, potential surgeries, involvement with mental health services).

The family is comfortable talking with the following people about their concerns about their child's needs and why:

The family has the strongest relationships with (and why):

The family would like to improve the following relationships (and why):

Potential supports that may be needed in this area:

Other information the family wants the IFSP team to know about their family:

Crisis Planning:

If the family needed help, where/who would they turn to?

In the event of an emergency the family would call:

If this person isn't available, they would:

Information the IFSP team needs to know about the family's daily routines and activities:

<p>Routine/Activity</p> <p>Activities that families typically participate in (if the family does not participate in the listed routine write "n/a")</p>	<p>What does this activity typically look like? Who participates in this activity and what are they doing? What is the child doing? How much help does the child need? What does the family want the eligible child to be doing? How much of the family's time is spent in this routine?</p> <p>The family evaluated the routine as: Good-smooth and enjoyable (strength) OK-usually smooth and enjoyable but there are some challenges Not well-this activity/routine is not going well /not enjoyable</p> <p>If the routine is "ok" or "not-well" what has the parent/CG tried already to improve the routine?</p>	<p>What would make this routine better for the family?</p> <p>Are there any cultural or spiritual beliefs that impact the routine?</p> <p>How important is it to the family to make changes to this activity/routine?</p> <p>HP-High Priority I-Important NI: Not a priority at this time</p> <p>What routine/activity is the family not participating in but would like to in the future?</p>	<p>Possible supports: (Brainstorm strategies and types of support needed)</p> <p>I-informational E-emotional M-material S-Strategies I-Intervention</p>
Waking up routines:			
Dressing/bathing routines			
Meal time routines (preparing meals/out to eat/prep/cooking)			
Work/income activities:			
Gathering food Shopping/preparing meals and snacks.			
Childcare routines: (work/errands/attend spiritual activities). What			

are the "back-up" plans when child care is not available?			
Medical/dental procedures or appointments for the child or other family members (parents/siblings)			
Traveling/Transportation-including access to reliable transportation to and from work/school/leisure activities.			
Early literacy: access to books, music, nursery rhymes)			
"Down-time" Play-time (playing/alone time)			
Nap and end of the day sleep routine (what is the nap/end of day routines? How long does the child nap? Sleep through the night?			
Toileting/diapering			
Other routines/activities:			
The following activity is the MOST enjoyable activity and why:			

<p>Routine/Activity</p> <p>Activities the family chooses to participate in-if the family doesn't participate in this activity write "n/a".</p>	<p>What does this activity typically look like? Who participates in this activity and what are they doing? What is the child doing? How much help does the child need? What does the family want the eligible child to be doing? How much of the family's time is spent in this routine?</p> <p>The family evaluated the routine as: Good-smooth and enjoyable (strength) OK-usually smooth and enjoyable but there are some challenges Not well-this activity/routine is not going well /not enjoyable</p> <p>If the routine is "ok" or "not-well" what has the parent/CG tried already to improve the routine?</p>	<p>What would make this routine better for the family?</p> <p>How important is it to the family to make changes to this activity/routine?</p> <p>HP-High Priority I-Important NI: Not a priority at this time</p>	<p>Possible supports: (Brainstorm strategies and types of support needed)</p> <p>-informational</p> <p>E-emotional</p> <p>M-material</p> <p>S-Strategies</p> <p>I-Intervention</p>
<p>Attending family/close friend(s) events-such as participating in family traditions, visiting and celebrating birthdays, holidays, and cultural events. Feels safe, connected and included in family events.</p>			
<p>Attending and participating in religious/spiritual activities:</p>			
<p>Attending and accessing community and recreational activities and events for families with young children: (playground/parades/library/swim and feels safe and included)</p>			
<p>Parent(s) accessing and fostering positive relationships with other adults AND participating in hobbies and other interests outside of parenting: (going out with partner/spouse/friends/joining community organizations/crafting/book clubs/professional activities:</p>			
<p>Activities the parents/family used to enjoy but no longer enjoy and/or cannot do right now but would like to participate in again:</p>			
<p>The activity that the parent(s) enjoy the most and why:</p>			

The family has identified the following concerns and priorities:

Material Needs: other agencies or services the family may need connected to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical home | <input type="checkbox"/> Medical Insurance/BCMH | <input type="checkbox"/> Medical equipment |
| <input type="checkbox"/> Food | <input type="checkbox"/> Safe/Affordable Housing | <input type="checkbox"/> Lead Abatement |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Transportation for medical and non-medical needs | |
| <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Special Diets |
| <input type="checkbox"/> Safe car seat | <input type="checkbox"/> Dental or other health services | <input type="checkbox"/> other |

Who needs this type of support (e.g. mom, dad, both, etc.) _____

Informational Support on:

- Understanding the nature of their child's diagnosed condition and the impact on development
- Learning how to explain their child's needs to family, friends, other children and others
- Learning how to parent a child with special needs
- How to handle the child's behavior/how to teach the child (Specify: _____)
- Sibling support
- How to access community resources for (GED, child care, lead, safe sleep, employment, tobacco cessation, diapers etc.):

Other:

Who needs this type of support? (e.g. mom, dad, both, etc.) _____

Emotional Support:

- Connecting with other parents who have children with special needs
- Connecting with other parents who have a child with the same diagnosed condition as their child
- Access to parent support group for parents who have children with special needs
- Access to parenting education services and supports (Ohio EB HV, EHS)
- Adult Time to access informal supports (friends/neighbors) (respite) or spend time with spouse/partner.
- Individual Counseling
- Family and marital counseling
- Treatment for Substance misuse disorder (SUD)
- Other:

Who needs this type of support? (e.g. mom, dad, both, etc.) _____

The family is most worried about (related to their family and/or enhancing their child's development or both):