**Mercer County Family Directed Assessment**

**Getting to Know Your Child**

**Child's Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date. **Child's Age:** Click or tap here to enter text.

**Interview Date/ Present:** Click or tap to enter a date. Click or tap here to enter text.

**Living in the home:** Click or tap here to enter text.

**Ins. Coverage:** Click or tap here to enter text.

**Preferred language:** Click or tap here to enter text.

**Health: *("Tell me about your child's birth history.")***

*Current health concerns: reflux, seizures, ear infections, surgeries, meds, allergies? Matters regarding your physical or emotional health we should be aware of and sensitive toward?*

Click or tap here to enter text.

**Family Schedule:**

*"Where is child during the day? Others express any concerns about child’s development?"*

Click or tap here to enter text.

**Family Resources:**

* *people important to us and their roles*

Click or tap here to enter text.

* *agencies/organizations/services important to us right now or would like to know more about*

Click or tap here to enter text.

* *our go-to person(s) if an emergency or crisis comes up*

Click or tap here to enter text.

* *financial/economic resources accessing and/or want access to*

Click or tap here to enter text.

**Tell us about some things that you enjoy doing together as a family.**

Click or tap here to enter text.

**Tell us about your parenting style/parenting roles within your family. What strengths do you feel you have as a parent for your child(ren)? Your partner? How do you feel your own childhood has played into how you parent your child(ren)? What challenges do you see or face in your role(s)?** *Strengths in yourself? Your partner? Challenges faces/seen in yourself? Your partner? How has own childhood played a role? Cultural traditions to be mindful of?*

Click or tap here to enter text.

**Tell us about challenges or difficulties your family faces/stressors in your life. What have you tried to address those challenges?** *Activities you do not/no longer participate in as a result of your child's developmental concerns? Situations that you avoid? Unmet needs that you feel you need support with? What have you tried already? People or situations in your life that are stressors? How have you tried to address this stress?*

Click or tap here to enter text.

**Routines**

**Bedtime/Nap:** ("What does it look like?")

*Where, how long, bedtime routine, sleeps with blanket or toys? Sleep all night? How often nap, and how long?*

Click or tap here to enter text.

*What would you like your child/family to be doing, or what would make this easier? What have you tried? What worked/didn't work?*

Click or tap here to enter text.

**Diapering/Toileting:** *("How does it go?")*

Click or tap here to enter text.

What would you like your child/family to be doing, or what would make this easier? What have you tried? What worked/didn't work?

Click or tap here to enter text.

**Dressing/Undressing:**

*Clothing off/on by self, any clothing not tolerated, how child assists, bring items needed, overall cooperation?*

Click or tap here to enter text.

*What would you like your child/family to be doing, or what would make this easier? What have you tried? What worked/didn't work?*

Click or tap here to enter text.

**Bathtime:**

*Likes/dislikes, how to get in and out, sit up, tolerate water poured on, tolerate drying, assistance from child, respond when done?*

Click or tap here to enter text.

*What would you like your child/family to be doing, or what would make this easier? What have you tried? What worked/didn't work?*

Click or tap here to enter text.

**Feeding/Mealtimes:** *("What does it look like? Or, tell me about mealtimes.")*

*How does child let you know when he is hungry or thirsty? Ounces bottle/cup? How long to finish bottle? Hold bottle/cup? Eat solids? Fed from spoon? Any gagging, choking, spitting up? Chewing, swallowing foods? Likes, dislikes? Highchair or booster seat? Any positioning concerns? How do you know when wants more, or is finished? Textures? Tolerate dirty face/hands?*

Click or tap here to enter text.

*What would you like your child/family to be doing, or what would make this easier? What have you tried? What worked/didn't work?*

Click or tap here to enter text.

**Spending Time with Family / Other Children**

*Reaction to being hugged/held/touched? Favorite people, name/call out others, respond to own name, imitation games, how communicates w/others, prefer alone or w/others, roughhousing?*

Click or tap here to enter text.

*What would you like your child/family to be doing, or what would make this easier? What have you tried? What worked/didn't work?*

Click or tap here to enter text.

***Playing with Toys:***

*Favorite toys, dislikes, both hands to play, how interact/use toys, play positioning, get toys out of reach, length of play, what does child do if needs help with toy?*

Click or tap here to enter text.

*What would you like your child/family to be doing, or what would make this easier? What have you tried? What worked/didn't work?*

Click or tap here to enter text.

**Moving around:**

*Mobility, when were first milestones, safety concerns (falls often, trips)?*

Click or tap here to enter text.

*What would you like your child/family to be doing, or what would make this easier? What have you tried? What worked/didn't work?*

Click or tap here to enter text.

**Outings:**

*Reaction to car seat, riding in car, sit in cart, holding adult hand?*

Click or tap here to enter text.

*What would you like for your child/family to be doing, or what would make this easier? What have you tried? What worked/didn't work?*

Click or tap here to enter text.

**Temperament:**

*Routine changes, fears, calming, how separate from parents, transitioning from activities, tantrum concerns, frustrations, makes child happy/laugh?*

Click or tap here to enter text.

**What would you like for your child/family to be doing/not doing in 6 months? What have you tried? What worked/didn't work? What would you like our EI team to help you most with?**

Click or tap here to enter text.

**5/13/2020 1:52 PM**