

Child Name _____ Parent Name _____ Date: _____

SC Name _____

Child & Family Assessment - Home & Community Routines					
How does the parent feel about their child doing activities of everyday life? This will help the team, which includes the parent, identify areas to be addressed as outcomes on the Individualized Family Service Plan (IFSP).					
1. Participating in daily home routines: <i>How is your child everyday at home? Is there an activity that is a challenge for your child? Check the box that shows the level of challenge.</i>					
How:	Very challenging area	A little challenging	My child does OK in this area	A strength for my child	If challenging, why:
are DIAPERING and DRESSING time with your child? being diapered, being dressed, putting on and taking off socks, shoes, pants, shirts, coats, hats, gloves, etc.					
is your child at MEALTIMES? interest in food, behavior and ability to eat during snack times, breakfast, lunch, dinner					
are BATHING and PERSONAL CARE activities with your child? getting in and out of water, reaction to soap, shampoo, washcloths, towels, cleaning toe and finger nails, mouth, teeth, ears, private areas, reaction to potty chair, toileting, bath tub, shower					
are BED TIME or NAP TIME with your child? reaction to bed, nap area/place, falling asleep, staying asleep, restless or agitated sleep, night terrors, crying					
are other times: prepping dinner, play time, or _____?					
2. Participating in activities outside the home: playing in yard, going to church, going to parties and other social events with the family, going out to eat with the family, visiting friends or relatives, going shopping, riding in the car or the subway or bus. <i>What activities does the child do outside of the home? Is the activity a challenge for your child? Check the box that shows the level of challenge.</i>					
	Very challenging area	A little challenging	My child does OK in this area	A strength for my child	If challenging, why:
Activity 1:					
Activity 2:					
Activity 3:					
List all activities from #1 and #2 checked as <u>very challenging</u> or a <u>little challenging</u>, then ask the parent to rate its importance to them.	Most Important = 1		Next Important = 2		Not as Important = 3
To carry this information over to the Evaluation Report completed as part of an MDE, summarize these findings in the Family Information Section of the Evaluation Report.					