

# PARENTING SUPPORT SERVICES: INITIAL ASSESSMENT

(11/15/16)

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

## DEMOGRAPHIC

Parent/Caregiver(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone/Work Numbers: \_\_\_\_\_

Cell Number: \_\_\_\_\_

## Household Composition

Full Name	Age	D.O.B.	Relation to client	Ethnicity/ Race	School/Education	Grade

Significant Others (including non custodial parent, children, siblings) residing **outside** the home:

Full Name	Age	D.O.B.	Relation to client	Last Contact	Ethnicity/ Race	Visitation Agreement

**Circumstances of referral:** (Client's Perspective)

**Family Strengths and Supports:**

1. What kind of outside help has been utilized in the past\present (including natural supports)?
  
2. What is your current source of income/financial situation?

**TANF Eligibility**

**What kind of health insurance or health care coverage does the referred parent/primary caregiver have? (Select One)**

- Children's Health Insurance Program (HUSKY A)     Children's Health Insurance Program (HUSKY B )  
 Private Health Insurance                       Medicaid (non-HUSKY)                       Military Health Care  
 Medicare     No Health Insurance                       Other

**Is the family currently eligible for Medicaid, HUSKY, Supplemental Nutrition Assistance Program (former Food Stamp Program), cash assistance or child care assistance?**

- Yes     No     Unable to Determine

**Number of parents, children, and relatives living in the home:** \_\_\_\_\_

**What is the family annual income:** \_\_\_\_\_

**Is the parent/primary caregiver TANF eligible?**

- Yes     No     Unable to Determine

**What is the highest level of education completed by the parent/primary caregiver? (Select One)**

- Elementary School                       Some High School                       High School Diploma or GED  
 Some College or Technical School                       Associate's                       Bachelor's Degree  
 Advanced Degree

**Personal & Family History:**

1. What was your childhood like (who raised you; your experience with school)?
  
2. What did your childhood experience teach you about parenting? How were you rewarded and disciplined?

## **Parent/Child Relationship:**

1. Tell me about each of your children (tell me something you like about each child and something that upsets/frustrates you.)
  
2. How are your children developing? (include school performance, peer relationships, behavioral issues, sibling issues) Any concerns about their development? (Use Addendum for other specifics)
  
3. How do you reward your children? Discipline your children?
  
4. Tell me about the first years of your child's life (i.e. periods of separation/multiple caregivers).
  - Pregnancy
  
  - Infancy
  
  - Age One Year
  
  - Age Two-Three Years
  
  - Age Four Years or Older
  
5. When do you feel connected to your child?
  
6. When do you feel rejected by your child?

7. What moments (of parenting) make you uncomfortable?
  
  
  
  
  
  
  
  
  
  
8. What works or doesn't work when your child is out of control?
  
  
  
  
  
  
  
  
  
  
9. Who else participates in the parenting of each of your children?
  
  
  
  
  
  
  
  
  
  
10. Is there someone else you would like to have participate with you in this program?

**Physical/Behavioral Health:**

1. Do you or anyone in the home have any health concerns that are impacting your family?
  
  
  
  
  
  
  
  
  
  
2. Has your family been impacted by mental health concerns, intimate partner violence, or alcohol/drug use?
  
  
  
  
  
  
  
  
  
  
3. Have you or a family member ever experienced a traumatic event(s) such as physical abuse, sexual abuse, death of a significant person, child removed by DCF?
  
  
  
  
  
  
  
  
  
  
4. Is there anything else you'd like to share with us?

**STRENGTHS AND CHALLENGES:**

1. What do you see as your family's strengths?

2. What is your dream or vision for your family?

**Observations:**

**Next Steps:**

\_\_\_ Circle of Security Parenting

\_\_\_ Triple P Standard

\_\_\_ Triple P Teen

\_\_\_ Evaluation Only