



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET - SUITE 300
ALBANY, NEW YORK 12207
(518) 447-4820 - FAX (518) 447-4855
www.albanycounty.com

GAIL GEOHAGEN-PRATT
COMMISSIONER

MOIRA E. MANNING
DEPUTY COMMISSIONER

Family Assessment

PARTICIPATION IN THE FAMILY ASSESSMENT IS VOLUNTARY. YOU MAY CHOOSE NOT TO PARTICIPATE IN THE FAMILY ASSESSMENT.

Child's Name: _____
Date Completed: _____
Evaluator: _____

Person Completing Survey: _____
Relationship to Child: _____

1. What pleases you most about your child?
2. What worries you most about your child?
3. What things do you feel are going well for your child right now?
4. What would you like your child to be able to do in the next several months?
5. What information regarding your child's development would be helpful to you and your family?