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

Child’s Name: ___________________________  Person Completing Survey: ___________________________
Date Completed: _________________________  Relationship to Child: ___________________________
Evaluator: ________________________________

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?