

Family Information Sheet
EARLY CHILDHOOD SCREENING (ECS)

The purpose of this family information sheet is to talk with you about what is happening in your family. Many things can affect your child's growing and developing in positive ways, and some things may interfere with him or her being ready for school.

Please look at the questions and decide which ones you want to talk about at screening. You do not have to answer the questions or provide the information. If you choose not to, there will be no problem with your child being able to enroll in school. But we would like this chance to better understand and plan for your child. There are resources in the school and community to help you and your child get off to a good start.

This information is private. Only with your written consent will this sheet be shared with anyone or become part of your child's school record; otherwise it will be returned to you at screening.

Child's Name _____ Boy Girl Birthdate _____
(Circle One)

Home Address _____ School your child will attend _____

Parent's Name _____ Phone: day _____ evening _____
(& address if different)

Other Parent's Name _____ Phone: day _____ evening _____
(& address if different)

CHILD CARE AND EARLY EDUCATION

Who is most involved in your child's care?

Is your child

- at home with a parent or other family member most of the time
- in daycare/child care
- attending nursery school, preschool, Head Start, other _____
- involved in other early childhood/family education programs
- receiving any services for children with special needs?

HEALTH CARE

Physician/health care provider _____ Date of last health checkup _____

Address _____ Phone _____
(street, city/town)

Dentist _____ Date of last dental visit _____

Address _____ Phone _____
(street, city/town)

What kind of health insurance do you have?

- No coverage at this time Private insurance Medical Assistance MinnesotaCare

FAMILY INFORMATION: Please list family members, including adults and children, and others living in your home.

Name	Relationship to child	Highest grade completed	Birthdate	Male or Female

Please tell us about your family; for example, who lives in the child's home.

What do you see as the strengths of your family?

How would you describe the health of your child and your family?

Have there been any changes or problems in your family that might affect your child?
(examples - new brother or sister, a divorce, a death in the family, a move, financial problems, not enough food for the family)

We can help you find resources who may be able to help you in these areas:

for your child

- communicating
- learning
- nutrition, eating
- having fun with other children
- challenging behaviors or emotions
- other

for your family

- meeting other families with children the same age
- recreational programs
- finding a parenting or support group
- balancing work and family
- help with personal family problems
- adult reading programs, GED, etc.
- jobs and training, career counseling

- child care
- transportation
- clothing
- food
- public assistance
- health or dental care
- other _____

As you think about your child growing up in your family, please tell us some things that will help us better understand and plan for him or her. We will discuss some of these with you at screening.

Please describe how you see your child (what you like most, any concerns or needs).

What do you enjoy most about being a parent of your child?

Things about raising my child that are hard for me are

When I think ahead, I would like my child to

When I need help with my family, I

What else do you think would be helpful for others to know about your child or your family?

BALANCING RESOURCES AND NEEDS:

PLAN:

FOLLOWUP:

This information can be part of the school record. Yes No

Parent's Signature _____ Interviewer's Signature _____ Date _____
MDE/ECS/11-92 (telephone)