Mt. San Jacinto College
Child Development and Education Lab Center
Family Needs Assessment

Parent/Guardian Name(s): _____

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Please assist us in our efforts to meet the needs of your child/ren and family. If you have concerns about your child/ren, please check any/all areas that apply:

- ☐ Hearing
- ☐ Vision
- ☐ Speech
- ☐ Behavior/Emotional development
- ☐ Learning/Cognitive development
- ☐ Social development
- ☐ Physical development
- ☐

Other_____

Are any of your children currently receiving services for areas checked above? ☐Yes ☐No

If "yes", what agency/school district is providing the services? _____

Are these services meeting your needs? ☐ Yes ☐ No ☐ N/A

Is a language other than English spoken in the home? ☐ Yes ☐ No

If "yes" what language? _____

With what language is your child/ren most comfortable? _____

Do you feel that your child/ren is happy, secure and developing in the childcare setting you are currently using? ☐ Yes ☐ No

Please indicate in which of the following areas you would like some assistance:

Financial Assistance:

- ☐ Child support
- ☐ Food stamps
- ☐ Money management
- ☐ TANF

Legal Assistance:

- ☐ Custody
- ☐ Divorce/Legal separation
- ☐ Legal guardianship
- ☐ Restraining order

Health Information:

- ☐ Immunizations
- ☐ Medical/Dental screening
- ☐ Family planning
- ☐ Aids/HIV
- ☐ Healthy Family

Parenting Information:

- ☐ Child growth and development
- ☐ Grandparent support groups
- ☐ Parenting classes
- ☐ Support groups
- ☐ Teen parents

Food/Nutrition Assistance:

- ☐ Food programs
- ☐ Nutrition classes
- ☐ WIC

Community Awareness:

- ☐ Gang prevention
- ☐ Neighborhood Watch
- ☐ Parks and recreation

Education/Career Counseling:

☐ Career counseling
☐ Dress for success
☐ Financial assistance
☐ GED/Adult education
☐ Job placement training
☐ Life skills

Family Counseling:

☐ Domestic violence
☐ Substance abuse
☐ Support groups
☐ Stress management

Transportation:

☐ ____________________________

Housing:

☐ Home repairs
☐ Low income housing
☐ Utility assistance (gas, electric, phone)

Other:

☐ ____

How may we provide assistance? ☐ Information ☐ Referrals ☐ Workshops
If you are interested in workshops, what days and hours are you available?

☐ Monday _______AM/PM ☐ Tuesday _______AM/PM ☐ Wednesday _______AM/PM

☐ Thursday _______AM/PM ☐ Friday _______AM/PM ☐ Saturday _______AM/PM

What are some things you and your family do for fun?____

What are some goals that you may have for yourself?____

Additional comments or special concerns: ____
____
____
____
____

To the best of my knowledge, I have responded completely and accurately to the statements above.

____ ____________________________
Parent/ Guardian Signature Date

♦♦

FOR OFFICE USE ONLY

Additional Information:____
____
____

____________________________ _______________ ______________________________
Staff Signature Date Classroom Placement