



Family Needs Survey

Filling out this form is **OPTIONAL** and **CONFIDENTIAL**

Parenting has never been easy, and parenting today seems to be even more difficult than ever. The Early Learning Coalition wants to support you in being the best you can be as a Family. This Family Needs Survey provides one method of support. Thank you for giving us this opportunity to share in your success.

FAMILY STRENGTHS:

What does your family do for fun?

- Read together Games & Puzzles Family Meals
 Outdoor activities (go to the park/play in yard/sports/athletic teams/exercise/go to the beach)
 Hobbies _____
 Family outings (movies/meals/bowling/other)
 Other: _____

FAMILY NEEDS:

Please mark the area(s) that you feel your family could use additional information or resources:

- | | |
|---|---|
| <input type="checkbox"/> Choosing Quality Childcare | <input type="checkbox"/> Child Development |
| <input type="checkbox"/> Child Language & Literacy | <input type="checkbox"/> Child Nutrition |
| <input type="checkbox"/> Child Behavior | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Child Health/Access to Healthcare | <input type="checkbox"/> Social Connections |
| <input type="checkbox"/> Healthy Parent/Child Relationships | <input type="checkbox"/> Food |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Diapers | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Other _____ | |

Has your family received any assistance with these services within the past year?

- Utilities Housing Clothing Food
 Other _____

Do you have any concerns about your child's development?

- No Yes - If yes, please explain concerns:

If your child has a diagnosed special need, is it documented?

- IEP FSP 504 Plan Other _____

Are you expecting any changes within the next 12 months?

- Moving Employment Marital Status Household Size
 Birth of Child Other _____

If you checked any of the boxes above, please explain:

Name: _____ Date _____

PRINT CLEARLY

SS# _____

Preferred method of contact: Phone Mail

Email _____

ELC OFFICE USE ONLY

Resources Provided:	
Community Connection:	
Internal Connection:	
Family Services Specialist:	
Date:	