



## 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:

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**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:

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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:	