

## FAMILY DEVELOPMENT - SUMMARY OF SERVICES

CHILD'S NAME \_\_\_\_\_

DATE	PROGRESS NOTE #	SERVICE
------	-----------------	---------

\_\_\_\_\_ **SS1. RECRUITMENT NOTES**

\_\_\_\_\_ **SS2. FAMILY PARTNERSHIP PLAN**

Date Assessment Completed (record dates)

Family Goals Developed and Written \_\_\_\_\_ OR Refusal Statement \_\_\_\_\_

Initial Assessment Score \_\_\_\_\_

End of Year Assessment Score \_\_\_\_\_

\_\_\_\_\_ **SS3. EMERGENT NEEDS IDENTIFIED**

(Record date that need was identified and the date follow up was completed)

Need Identified													
F U Completed													

\_\_\_\_\_ **SS4. EMERGENCY CRISIS ASSISTANCE**

Emergency or Crisis Assistance Plan Written

Emergency/Crisis Assistance Plan Completed

\_\_\_\_\_ **SS5. PARENT EDUCATION/SUPPORT GROUP PARTICIPATION**

(Enter date attended m/d)


\_\_\_\_\_ **SS6. PARENT CENTER MEETING ATTENDANCE**

(Check months that parent/s attended)

Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July

\_\_\_\_\_ **SS7. HOME VISITS/CONTACTS**

(Record dates and type of contact - HV: Home Visit; PC: Phone call; CC: Center contact)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

\_\_\_\_\_ **SS8. Neighborhood Walkability**

Date Completed \_\_\_\_\_

\_\_\_\_\_ **SS9. Budget**

Date budget worksheet completed and budget established \_\_\_\_\_ OR Refusal Statement \_\_\_\_\_

Date budget reviewed with parents (one month after budget established) \_\_\_\_\_