

Randolph County Board of Education Head Start
Family Information/Family Services PIR Worksheet

Child's Name _____

Yes or No

1. At enrollment, do you and your family have a fixed, regular and adequate nighttime resident: _____
2. At enrollment, were you referred to Head Start by a child welfare agency? _____
3. At enrollment, is the child currently in Foster Care? _____
4. At enrollment, is at least one parent/guardian an active duty member of the US military? _____
5. At enrollment, is at least one parent/guardian a veteran of the US military? _____

AT ENROLLMENT				AT THE END OF ENROLLMENT					
DO YOU OR ANYONE IN YOUR FAMILY RECEIVE? (Circle ALL that Apply)				DO YOU OR ANYONE IN YOUR FAMILY RECEIVE? (Circle ALL that Apply)					
TANF	SSI	WIC	SNAP	TANF	SSI	WIC	SNAP		
HIGHEST EDUCATION LEVEL Grade level prior to Graduation High School or GED Associate Degree Baccalaureate or advanced degree Job training program, professional certificate/license				HIGHEST EDUCATION LEVEL Grade level prior to Graduation High School or GED Associate Degree Baccalaureate or advanced degree Job training program, professional certificate/license					
EMPLOYMENT STATUS (Circle One) Unemployed Full-time Part-time Retired Disabled Training or School Temporary or Seasonal				EMPLOYMENT STATUS (Circle One) Unemployed Full-time Part-time Retired Disabled Training or School Temporary or Seasonal					
DO YOU OR YOUR FAMILY NEED ASSISTANCE WITH? (Check YES or NO to ALL that Apply)			YES	NO	DO YOU OR YOUR FAMILY NEED ASSISTANCE WITH? (Check YES or NO to ALL that Apply)			YES	NO
Emergency					Emergency				
Crisis Assistance					Crisis Assistance				
Food					Food				
Clothing					Clothing				
Housing Assistance					Housing Assistance				
Mental Health Services					Mental Health Services				
English as a Second Language					English as a Second Language				
Adult Education					Adult Education				
Job Training					Job Training				
Substance Abuse Prevention					Substance Abuse Prevention				
Substance Abuse Treatment					Substance Abuse Treatment				
Child Abuse and Neglect Services					Child Abuse and Neglect Services				
Domestic Violence Services					Domestic Violence Services				
Child Support Assistance					Child Support Assistance				
Health Education (including Prenatal)					Health Education (including Prenatal)				
Assistance to Families of Incarcerated					Assistance to Families of Incarcerated				
Parenting Education					Parenting Education				
Marriage Education					Marriage Education				
Asset Building					Asset Building				

Randolph County Board of Education Head Start

Preliminary/Needs Assessment

Participant Name: _____ Child Plus ID: _____

Date Completed: _____ Case Worker: _____ School Year: _____

Scoring Legend:

5.0 Thriving 4.0 Self-Sufficient 3.0 Stable 2.0 Vulnerable 1.0 In-Crises

HOUSING (Circle only one item)

- 5** Able to own or live in long-term affordable housing. Safe housing. Enough room for a family size. Suits needs and preferences. Able to pay utilities.
- 4** Safe and secure dwelling for at least 12 months. Able to pay rent/mortgage. Able to pay utilities. Repairs are taken care of.
- 3** Semi-permanent. Relatively safe and secure. Some repairs are needed. Mostly have the ability to pay housing/utilities/repairs. Minor landlord issues. Metro Housing. Some help from agencies to get by (HEAP, PRC, etc)
- 2** Temporary housing. Lives with friends/family. Money for rent/utilities is uncertain. Unsafe or crowded. No money for repairs. Landlord not fixing problems. Use help from agencies to get by (HEAP, PRC, etc.). Utilities shut off or on the verge
- 1** Homeless or on the verge. Very temporary housing (such as with a friend for 1 week). At a shelter. Camping or living in a vehicle. No income for housing. Dangerous of a bad situation. Utilities shut off

Preliminary Score	Mid-Year Score	End of Year Progress
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FOOD/CLOTHING (Circle only one item)

- 5** Always able to furnish. Regular and balanced food. Variety and high-quality foods. Clean and durable clothes.
- 4** Always have resources for healthy food/needed clothing. Dietary requirements for special conditions (i.e. pregnancy, diabetes, etc.)
- 3** Sufficient personal and community resources for food and clothing.
- 2** Limited knowledge of food, food preparation, and clothing resources. Recommended daily allowance not met.
- 1** No food and preparation. Clothing inadequate. Malnutrition. Eating disorder.

Preliminary Score	Mid-Year Score	End of Year Progress
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EMPLOYMENT (Circle only one item)

- 5** Permanent and stable. Full benefits. Above average employment. Upgrading skills. Transferable skills.
- 4** Full-time or adequate job. Meets basic needs. OK benefits.
- 3** Stable adequate or almost adequate job. Doing OK, but could do better with the right training or job.
- 2** Temporary or part-time. Under employment. No benefits. Limited skills. Inadequate pay/benefits.
- 1** Unemployed. Disabled with no benefits. No/little prospects or skills. Long-term unemployment.

Preliminary Score	Mid-Year Score	End of Year Progress
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Randolph County Board of Education Head Start

Preliminary/Needs Assessment

Participant Name: _____ **Child Plus ID:** _____

EDUCATION (Circle only one item)

- 5** Attending college. Chosen profession. Obtaining degree. Proficient with computers/Internet.
- 4** Have a GED or HS Diploma. Able to access needed resources to attend college. No need for remedial courses. Knowledgeable with computers/Internet.
- 3** Have a GED or HS Diploma. Able to access needed resources to attend college or job training. Need a few remedial courses. Able to use computers/Internet.
- 2** No GED or HS Diploma. Able to access GED training. Able to access Job training. Remedial courses are needed. Need some skills to use computers/Internet.
- 1** No GED or HS Diploma. Need English as a Second Language. Need remedial courses in various areas (e.g. math, reading, writing, etc). No skills with computers/Internet.

Preliminary Score	Mid-Year Score	End of Year Progress
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TRANSPORTATION (Circle only one item)

- 5** Reliable vehicles. Have a driver's license. Have money for car repairs, payments, gas, regular maintenance, Insurance.
- 4** Reliable vehicle. Have money for car repairs, payments, gas, Insurance. Have a driver's license.
- 3** Semi reliable vehicles. Able to pay for some repairs, but may not be right away. Able to get reliable rides. Have a driver's license. Have insurance. Can afford the needed gas.
- 2** Limited knowledge of food, food preparation, and clothing resources. Recommended daily allowance not met.
- 1** No food and preparation. Clothing inadequate. Malnutrition. Eating disorder.

Preliminary Score	Mid-Year Score	End of Year Progress
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FINANCIAL (Circle only one item)

- 5** Reliable income. Able to pay all bills on time. Savings/retirement accounts. Have credit cards/good credit. Able to follow budget.
- 4** Reliable income. Able to pay all bills on time. Savings/retirement accounts. Have credit cards/good credit. Able to follow budget.
- 3** Reliable income. Able to pay all bills on time. Savings/retirement accounts. Have credit cards/good credit. Able to follow budget.
- 2** Reliable income. Able to pay all bills on time. Savings/retirement accounts. Have credit cards/good credit. Able to follow budget.
- 1** Little to no income. Depend strongly on assistance to survive. No budgeting skills. Facing eviction/repossession. Go without meals/medical..

Preliminary Score	Mid-Year Score	End of Year Progress
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Randolph County Board of Education Head Start

Preliminary/Needs Assessment

Participant Name: _____ Child Plus ID: _____

HEALTH (Circle only one item)

- 5** Family Doctor. Family Dentist. Immunizations are up to date. Iron Level test is done. Lead Level test is done. Everyone is healthy. Money/Insurance for medical. Yearly Physicals.
- 4** Family Doctor and Dentist. Immunizations are up to date. Everyone is healthy. Money/Insurance for medical.
- 3** Access to doctors and Dentists through clinics. Mostly able to see a Doctor/Dentist when needed. Mostly enough insurance. Have most immunizations. Mostly able to get medications.
- 2** No/Poor Insurance. NO regular Doctor or Dentist. Use the emergency room for the doctor. Need help finding resources. Only go to a doctor/Dentist when an emergency. Unmet medical/dental needs. Behind on Immunizations.
- 1** No regular Doctor/Dentist. Need help finding resources. No Insurance. Can't afford Doctor/Dentist. Can't afford needed medications. Serious illness in family.

Preliminary Score	Mid-Year Score	End of Year Progress
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FAMILY/RELATIONSHIPS (Circle only one item)

- 5** Stable/Nurturing relationships. Positive techniques of guidance. Strongly involved in the community. Strong support network. Supportive environment.
- 4** Relationships are good. Environment is good. Involved in Community. Mostly positive parenting techniques. Stable support network.
- 3** Somewhat stressed. Stable relationships. Stable environment. Mostly good parenting skills. Able to access resources. Parenting and or relationship skills could be improved. Some community involvement. Some support available.
- 2** Behavior issues. Negative or non-consistent use of discipline. Overwhelmed. No support. Needs help with resources. Need parenting help/skills. Relationship issues.
- 1** Domestic Violence. Substance Abuse. Mental/verbal abuse. Severe behavior issues. Relationship breakdowns

Preliminary Score	Mid-Year Score	End of Year Progress
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MENTAL HEALTH (Circle only one item)

- 5** Self Confident. Strong sense of identity. Non-stressed. Strong relationships. No mental health problems.
- 4** No mental health problems, but only so-so confidence/sense of identity. Good relationships. Mild Stress at times.
- 3** Some mental health issues, but medication/coping skills take care of them. In counseling/treatment. Have support. Able to function normally.
- 2** Able to function most days. More good days than bad. Medications partially help. No treatment until in crisis. Not enough support.
- 1** Unmanaged Depression, Anxiety, eating disorder, or other Mental Health Issues. Struggles to cope. Possible anger to self/other. Substance Abuse. Unable to function in society. More bad days than good.

Preliminary Score	Mid-Year Score	End of Year Progress
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Randolph County Board of Education Head Start
HS/EHS Family Partnership Agreement

Parent/Guardian: _____

Child & Enrolled Sibling(s): _____

Instructions: The Family Service Worker and the Parent/Guardian should use the Preliminary/Needs Assessment as a guide to develop the Family Partnership Agreement and goal-setting process.

Family Goal #1: _____

Closure Expected Date: ___/___/___

New Goal

Goal from Previous Year

Goal Completion Date: ___/___/___

Final Outcome for Goal #1: _____

(Enter: **F**=Fully Met, **P**=Partially Met, **N**=Not Met)

STEPS NEEDED TO REACH GOAL #1		GOAL FOLLOW UP & MID-YEAR ASSESSMENT (Enter Completed, Started, and/or In-Progress for each step)
1		
2		
3		
4		
5		

Family Goal #2: _____

Closure Expected Date: ___/___/___

New Goal

Goal from Previous Year

Goal Completion Date: ___/___/___

Final Outcome for Goal #1: _____

(Enter: **F**=Fully Met, **P**=Partially Met, **N**=Not Met)

STEPS NEEDED TO REACH GOAL #2		GOAL FOLLOW UP & MID-YEAR ASSESSMENT (Enter Completed, Started, and/or In-Progress for each step)
1		
2		
3		
4		
5		

Does the family have a current Partnership Agreement with another agency? Circle YES or NO

If yes, and the parent/guardian(s) is willing to share this with us for continued partnering, please indicate the name of the agency and the goal(s): _____

Does the family need emergency assistance such as housing, food, clothing, or health care? Circle YES or NO

If yes, please explain the emergency assistance needed and complete the referral information:

Referral Information & Referral Follow-up Dates (If Applicable)

	Referral Dates	Referral Agency or Contact Person	Follow-up Dates	Was the Referral Utilized?	Was the Referral Helpful?
Referral 1					
Referral 2					
Referral 3					

Home Visit/Center Conference & Follow-up Information

(Document detailed information in the database for each family.)

	Home Visit/Center Conference Completed Dates or Attempted Dates	Reason for the Home Visit or Center Conference? (i.e. initial visit or follow-ups)	Has the family made progress toward their goals? (YES/NO)	Does the family need emergency assistance? (YES/NO)	Were other goals, challenges, or needs identified? (YES/NO)
Initial Home Visit					
1 st Center Conference					
2 nd Center Conference					
3 rd Center Conference					
Other Home Visits/Center Conferences					
Other Home Visits/Center Conferences					

Mutual Agreement/Confidentiality Statement: We agree to work together to attain the goal(s) identified in this Family Partnership Agreement. I understand that the agreement will be reviewed during the program year for progress updates, referrals, and follow-up. Information shared with the Family Services staff will be kept strictly confidential unless a release is authorized in writing by the parent or legal guardian.

Parent Signature

FSW Signature

Date