

Partnering on Child Development

To be completed with families at the Initial Home Visit

Child's Name: _____ Date Completed: _____

Part One: Focus on Feelings and Reactions

If I had to describe my child in 10 words, they would include _____

What I like most about my child is _____

What I find most challenging about caring for my child is _____

The activity I most enjoy with my child is _____

Three wishes I have for my child are _____

Part Two: Tuning in to My Child

My child is happiest when _____

The kinds of play and activities my child enjoys most are _____

_____. I think this is because _____

What upsets my child most is: _____ . I think this is because

To comfort my child, I _____

I think my child greatest strengths are _____

I think my child needs help with _____

Part Three: Making a Plan to Best Support Your Child

What are our goals for your child now? _____

Over the next three months? _____

What kinds of experiences can we give your child to help him reach these goals? _____

What special interests or skills do we have that we can each share with and teach your child? _____

How can we work together to best support your child now? _____

Over the next three months? _____