Family Information

This form is optional. However, it can be helpful to know more about family factors that may affect a child's learning readiness. There may be district resources available to you that could be identified by answering the questions below. You have the option of sharing this information with the Early Childhood Screening staff, but not sharing it in any other fashion, and you may indicate your preference on the bottom of this form.

Family History:

- Is there significant illness within your family and what effect does this have on your family?
- What do you see as the strengths of your family?
- Has there been any unusual stress in your family within the past year or more that might have an impact on your child? (Examples: new family member, divorce, moving, financial stress, etc.)
- Do you have a support system (friends/relatives/other) that helps you with your family?

Behavior:

- What are the things you enjoy most about parenting your child?
- Are there some things that make parenting challenging for you?

Resources:

- Do you have any questions about services/resources available through the school district or your community?

☐ I do, ☐ I do not, give my permission to include this as part of my child's Early Childhood Screening record.

_____ Dated: _____

Parent/Guardian's signature(s)