

Child Last Name: Child First Name: DOB:

ID#:

Date:

Age: \_\_\_\_\_

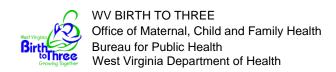
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#### Today's Date: **Referral Source:** The WV Birth to Three Family Assessment is a guide to help us learn why you have come to WV Birth to Three and to better understand your priorities and concerns for your child and family. The information you share today is voluntary. Let's start by learning about the very important people in your child's life, his/her family. **Important Things About My Family** CHILD INFORMATION П Change/Addition to Information Child's Name: \_\_\_\_ Middle Initial Child Alias (AKA): \_\_\_\_ Suffix First Middle Initial DOB: **Child's Gender:** □Male □ Female □ Ambiguous □ Unknown Is your child Hispanic/Latino? ☐ Yes In which of these racial category(ies) do you identify your child? (CTRL+RT CLICK to select multiple) Family Housing: \_\_\_\_\_\_\_\_ County of Residence: \_\_\_\_ PRIMARY CONTACT INFORMATION ☐ Change/Addition to Information Parent: \_\_\_\_ Suffix First Name Middle Initial Relationship to Child: Are you the primary caregiver? □No ☐ Yes Mailing Address: State: \_\_\_\_ Zip Code: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_ Cell #: Email address: \_\_\_\_\_ What is the parent's preferred method of contact? ☐ Mail ☐ Phone □ Email ☐ Text DOB: \_\_\_\_\_ Under the age of 18? ☐ Yes ☐ No Education Level:\_\_\_ Family Income: Second Parent/Alternate Contact: Last Suffix Middle Initial Relationship to Child: \_\_\_\_ Mailing Address: ☐ Same as Above OR \_\_\_\_\_ \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ City: Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: Email address: What is the parent's preferred method of contact? ☐ Mail ☐ Email ☐ Phone □ Text OTHERS LIVING IN THE HOME Relationship to Child: Individual 1 Name: Age:\_\_\_\_\_ Relationship to Child: Individual 2 Name: \_\_\_\_\_\_ Age: Individual 3 Name: Relationship to Child: Age:

Relationship to Child:

Individual 4 Name:



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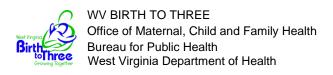
# **Important Things About My Child**



As your child's parent/caregiver, you know your child best. To get to know your child, we would like to learn from you about the things your child enjoys, things he/she does well, and where you see challenges.

Tell me about your child: Where does your child spend time each day and what is he/she doing? Who are his/her favorite people; what are his/her favorite things to do and/or toy(s) to play with? Are there any parts of the day, routines, or activities that are difficult or challenging for your child? What concerns you most about your child's development?

<b>Important Things About My Child's He</b>	<u>ealth</u>		
We would also like to know a little bit aboutsion, or hearing.	out your child's medical history and wheth	ner or not you have co	oncerns about your child's health,
Was your child born early or prematurely? If YES, how many weeks early?		☐ Unknown d's birth weight?	? lbs oz
What was your child's birth length?	inches How much does your	child weigh now	/? lbs oz.
Did you have pregnancy or birthing compli IF YES, please describe.	ications?	Unknown	
PRIMARY CARE PHYSICIAN		□ Change	o/Addition to Information
		J	e/Addition to Information
Physician/Agency Name:			
Mailing Address:Fax #:Fax #:	City:	State:	_ Zip Code:
Does your child get Well Child Check Ups? If YES, date of last visit?	?		
Are your child's immunizations up to date?	?		
Did your physician complete a developmer IF YES, when? Wh	ntal screening with your child?	Yes No	
II 165, WIIGH: WII	nat were the results?		



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IF YES, when?	Who?		
If you have concerns now, what are they?			
Hearing Information		01.11.111	Vision Information
Did your child pass the Newborn Hearing Sc ☐ Yes ☐ No ☐ Unknown	reening?	☐ Yes ☐ □	ad a vision test  No
Child has had a hearing test Yes No. If yes, date of exam:	0	Doctor name	e: ress:
Doctor name:		Results:	] Pass ☐ Fail ☐ Follow-up Needed ] Unsure
Results: Pass Fail Follow-up Ne	eded		
Do you have concerns about your child's he	aring or visi	ion now? Ple	ase explain.
Has your child been diagnosed with any med with the second second with any med with	e, if any?		
Name/Specialty:			
Name/Specialty:			
Has your child ever been hospitalized? IF YES, please tell us when, how long, where	☐ Yes	□ No	
Is your child currently taking any medication	ı? ☐ Yes	☐ No	If YES, what is it and what is it for?
When do you give your child the medication	?		

What are the side effects, if any?



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## Resources Our Family Currently Uses Or Would Like More Information About

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West Virginia has a large selection of programs, services, and community resources available to assist families in different ways.

Knowing about the services you currently receive or what services you are interested in learning more about will help us better support you.

Community Resources			
Child Care	☐ Currently receive	☐ Request more information	☐ Not at this time
Early Head Start	☐ Currently receive	☐ Request more information	☐ Not at this time
Help Me Grow WV	☐ Currently receive	☐ Request more information	☐ Not at this time
Women, Infants, and Children (WIC)	☐ Currently receive	☐ Request more information	☐ Not at this time
WV Home Visitation Programs (HFA, PAT, MIHOW, HAPI, RFTS)	☐ Currently receive	☐ Request more information	☐ Not at this time
Other (library, church, playgroups, Kindermusik, etc.)	☐ Currently receive	☐ Request more information	☐ Not at this time

If you are participating in any of the above programs, are they meeting your needs?

you and your family in meeting your o	child's needs. These services	of financial services and supports in We and supports can help with medical cost formation and help you apply for many of	s, health care coverage, to
Financial Resources			
Child Care Resource & Referral (R&R)	☐ Currently receive	☐ Request more information	☐ Not at this time
WV Children's Health Insurance Program (CHIP)	☐ Currently receive	☐ Request more information	☐ Not at this time
Children with Disabilities Community Service Program (CDCSP)	☐ Currently receive	☐ Request more information	☐ Not at this time
Children with Special Health Care Needs (CSHCN)	☐ Currently receive	☐ Request more information	☐ Not at this time
Medicaid	☐ Currently receive	☐ Request more information	☐ Not at this time
Supplemental Security Income (SSI)	☐ Currently receive	☐ Request more information	☐ Not at this time
Supplemental Nutrition Assistance Program (SNAP)	☐ Currently receive	☐ Request more information	☐ Not at this time
Non-Emergency Medical Transportation	☐ Currently receive	☐ Request more information	☐ Not at this time
Other	☐ Currently receive	☐ Request more information	☐ Not at this time

If you are receiving any of the above programs, are they meeting your needs?



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ID#:		
[	Date:	

Planning for M	y Child's	Evaluation	/Assessment
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Based on the information you have shared today, we will now plan for your child's evaluation/assessment. Through the evaluation and assessment, we gather information to:

- · determine if your child is eligible to receive WV Birth to Three services,
- plan for the development of the Individualized Family Service Plan (IFSP), and
- learn how your child is progressing towards three national child outcomes that we value for all children ages birth to three.

Have you completed a developmental screening for your child before? If not, would you like to complete a developmental screening today to learn more about your child's strengths and needs?

Was a developmental screening conducted today?	☐ Yes ☐ No
Would you like a copy of the results?	☐ Yes ☐ No
Thinking about what we have discussed today, what	would you like help with in supporting your child's
development?	



WV Birth to Three has a directory listing of the professionals who are available to do the initial evaluation/assessment. The directory lists the type of knowledge each professional has, as well as the days and time of day they are available. You aren't always guaranteed a 'choice' of provider, but if there is more than one provider available, you can choose based on availability, training, etc. I can help you sort through that information.

You will need to select two professionals to be members of your child's assessment team. What are some things you would like to consider when choosing these professionals? Availability, training, specialties, familiar with the area, etc.

Are there other people in your child's life who can sha	are informatio	n about :	your child for the assessment?
(Family member, child care teacher, home visitor, babysitter, friend?)	☐ Yes	☐ No	IF YES, who?



If your child is determined eligible at the Eligibility/IFSP meeting and you decide to receive WV Birth to Three services, an Individualized Family Service Plan (IFSP) will be developed with you. The IFSP guides our work together by detailing what services and supports will look like for your child and family. In providing services, WV Birth to Three will coach and support you in learning how to use every day learning opportunities to help your child grow and learn.

(Family member, child care teacher, home visitor, babysitter, friend?)	Yes No IF YES, who?
Name:	Name:
Contact Information:	Contact Information:
Name:	Name:
Contact Information:	Contact Information:
Interim Service Coordinator Signature:	

Are there other important people in your child's life that you want to invite to the eligibility/IFSP meeting?



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### ADDITIONAL NOTES/DOCUMENTATION