

Child Last Name:

Child First Name:

MI

DOB:

ID#:

FOLDER:

Date:

Today's Date:

Referral Source:

TALKING POINTS

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

☐ Change/Addition to Information

Child's Name: _____, _____
Last Suffix First Middle Initial

Child Alias (AKA): _____, _____
Last Suffix First Middle Initial

DOB: _____ **Child's Gender:** ☐ Male ☐ Female ☐ Ambiguous ☐ Unknown

Is your child Hispanic/Latino? ☐ Yes ☐ No

In which of these racial category(ies) do you identify your child?
(CTRL+RT CLICK to select multiple)

County of Residence: _____ **Family Housing:** _____

PRIMARY CONTACT INFORMATION

☐ Change/Addition to Information

Parent: _____, _____
Last Suffix First Name Middle Initial

Relationship to Child: _____ **Are you the primary caregiver?** ☐ Yes ☐ No

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home #: _____ Work #: _____ Cell #: _____

Email address: _____

What is the parent's preferred method of contact? ☐ Mail ☐ Email ☐ Phone ☐ Text

DOB: _____ **Under the age of 18?** ☐ Yes ☐ No **Education Level:** _____

Family Income: _____

Second Parent/Alternate Contact: _____

Relationship to Child: _____

Mailing Address: ☐ Same as Above **OR**

City: _____ **State:** _____ **Zip Code:** _____

Home #: _____ Work #: _____ Cell #: _____

Email address:

What is the parent's preferred method of contact? ☐ Mail ☐ Email ☐ Phone ☐ Text

OTHERS LIVING IN THE HOME

Individual 1 Name: _____ Relationship to Child: _____ Age: _____

Individual 2 Name: _____ Relationship to Child: _____ Age: _____

Individual 3 Name: Relationship to Child: Age:

Individual 4 Name: _____ Relationship to Child: _____ Age: _____



WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
West Virginia Department of Health

Child Last Name: _____
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Important Things About My Child



TALKING POINTS

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?

Important Things About My Child's Health



TALKING POINTS

We would also like to know a little bit about your child's medical history and whether or not you have concerns about your child's health, vision, or hearing.

Was your child born early or prematurely? ☐ Yes ☐ No ☐ Unknown
If YES, how many weeks early? _____ **What was your child'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 complications? ☐ Yes ☐ No ☐ Unknown
IF YES, please describe.

PRIMARY CARE PHYSICIAN

☐ Change/Addition to Information

Physician/Agency Name: _____

Mailing Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Phone #: _____ **Fax #:** _____ **Email:** _____

Does your child get Well Child Check Ups? ☐ Yes ☐ No ☐ Unknown

If YES, date of last visit? _____

Are your child's immunizations up to date? ☐ Yes ☐ No ☐ Unknown

Did your physician complete a developmental screening with your child? ☐ Yes ☐ No ☐ Unknown

IF YES, when? _____ **What were the results?** _____

Has your child had an oral health screening? ☐ Yes ☐ No ☐ Unknown



IF YES, when? _____ Who? _____
If you have concerns now, what are they? _____

Hearing Information	Vision Information
Did your child pass the Newborn Hearing Screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Child has had a vision test <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Child has had a hearing test <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of exam: _____	If yes, date of exam: _____
Doctor name: _____ Doctor address: _____	Doctor name: _____ Doctor address: _____
Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Follow-up Needed <input type="checkbox"/> Unsure	Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Follow-up Needed <input type="checkbox"/> Unsure
Do you have concerns about your child's hearing or vision now? Please explain. _____	

Has your child been diagnosed with any medical conditions? If so, what?

What health specialist(s) does your child see, if any?

Name/Specialty: _____

Name/Specialty: _____

Name/Specialty: _____

Name/Specialty: _____

Has your child ever been hospitalized? ☐ Yes ☐ No

IF YES, please tell us when, how long, where, and why.

Is your child currently taking any medication? ☐ 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?



Resources Our Family Currently Uses Or Would Like More Information About



TALKING POINTS

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	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
Early Head Start	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
Help Me Grow WV	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
Women, Infants, and Children (WIC)	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
WV Home Visitation Programs (HFA, PAT, MIHOW, HAPI, RFTS)	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
Other (library, church, playgroups, Kindermusik, etc.)	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time

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



TALKING POINTS

In addition to community services and programs, there is a variety of financial services and supports in West Virginia that can assist you and your family in meeting your child's needs. These services and supports can help with medical costs, health care coverage, to obtain child care, and transportation. We can provide additional information and help you apply for many of these services if you are not already receiving them.

Financial Resources

Child Care Resource & Referral (R&R)	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
WV Children's Health Insurance Program (CHIP)	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
Children with Disabilities Community Service Program (CDCSP)	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
Children with Special Health Care Needs (CSHCN)	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
Medicaid	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
Supplemental Security Income (SSI)	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
Non-Emergency Medical Transportation	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time
Other	<input type="checkbox"/> Currently receive	<input type="checkbox"/> Request more information	<input type="checkbox"/> Not at this time

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



Planning for My Child's Evaluation/Assessment



TALKING POINTS

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?



TALKING POINTS

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 share information about your child for the assessment?
(Family member, child care teacher, home visitor, babysitter, friend?) ☐ Yes ☐ No **IF YES, who?**



TALKING POINTS

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.

Are there other important people in your child's life that you want to invite to the eligibility/IFSP meeting?
(Family member, child care teacher, home visitor, babysitter, friend?) ☐ Yes ☐ No **IF YES, who?**

Name: _____

Contact Information: _____

Name: _____

Contact Information: _____

Name: _____

Contact Information: _____

Name: _____

Contact Information: _____

Interim Service Coordinator Signature: _____



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ADDITIONAL NOTES/DOCUMENTATION