

Family Name: _____

Family Needs Assessment

	Poor	Fair	Good	Very Good	Excellent
Housing					
Safety (Within Home and Community)					
Health Care (Insurance/Doctors/Ability to Pay)					
Mental Health/Substance Abuse					
Transportation					
Financial Security (Amount of Income)					
Employment					
Food and Clothing					
Relationship with your child (Behavior Problems/Relationship)					
Parenting Skills					
Child's Learning Skills					
School Readiness (Child Ready for Kindergarten)					
Home Language					
Education Level					
Volunteering					
Advocating					
Community Support					
Leadership (Activity Level in Community Groups)					