



**I. Family Planning and Sexual Responsibility**

1. Are you planning more children?
  
2. Do you have adequate information about family planning and birth control?
  
3. If you are currently sexually active, what kinds of things are you doing to prevent and protect yourself from sexually transmitted diseases and unplanned pregnancies?
  
4. Would you like information about how to discuss sexual responsibility with your partner or children?

Interval	1	2	3	4	5	6	Date

**FAMILY PLANNING & SEXUAL RESPONSIBILITY**  
 CRISIS  
 SERIOUS  
 MODERATE  
 SLIGHT  
 NO BARRIER  
 THRIVING

Interval	1	2	3	4	5	6	Date

**J. Disabilities**

1. Have you or anyone in your family been diagnosed with a disability? (mental, physical, or learning - circle any that apply)
2. Does the disability/condition prevent you or the family from working, meeting basic needs or performing daily tasks?
3. Have you ever applied for, or received, disability services or supplemental income?
4. Do you have any concerns about possible disabilities for anyone in your family?

5. What agencies, if any, are you currently involved with for rehabilitation services?

Interval	1	2	3	4	5	6	9	Date		Interval	1	2	3	4	5	6	9	Date
									<b>J. DISABILITIES</b> 1. CRISIS 2. SERIOUS 3. MODERATE 4. SLIGHT 5. NO BARRIER 6. THRIVING 9. NOT APPLICABLE									

**K. Child Care**

1. Describe your child care needs:

2. How do you meet these needs? (licensed/unlicensed, etc.)

3. Are you satisfied with this arrangement?

4. What do you pay for child care? (Percent of income)

5. Do you receive Title XX assistance?

Interval	1	2	3	4	5	6	9	Date	K. CHILD CARE	Interval	1	2	3	4	5	6	9	Date
									1. CRISIS									
									2. SERIOUS									
									3. MODERATE									
									4. SLIGHT									
									5. NO BARRIER									
									6. THRIVING									
									9. NOT APPLICABLE									

**L. Child Development**

1. How does your child perform in school? (Preschool, day care, church/synagogue classes, etc.)

2. Does your child have any significant challenges?  
 — in interactions with classmates/peers, family members, teachers, neighbors?

— in carrying out daily routines? (Such as dressing, eating, play, toilet-learning, etc.)

— in coping with the demands of daily living? (Such as pronounced or unusual fears/anxiety, depression, restlessness, or agitations)

3. Over all, do you think your child is developing . . .  
 — very well (exceptionally)? — normally? — problems?

4. Has a physician, counselor, teacher, relative, etc. expressed concern in any way with regard to your child's development?

Interval	1	2	3	4	5	6	Date	L. CHILD DEVELOPMENT	Interval	1	2	3	4	5	6	Date
								1. CRISIS								
								2. SERIOUS								
								3. MODERATE								
								4. SLIGHT								
								5. NO BARRIER								
								6. THRIVING								
								9. NOT APPLICABLE								

**M. Maintains and Utilizes Positive Support System**

What do you consider your support system to be? For example, when you want to celebrate, have a problem, or just want to talk, who do you call?

2. How do you access that support?

How often?

3. In what ways are they helpful, or not so helpful, to you?

Interval	1	2	3	4	5	6	Date	M. POSITIVE SUPPORT SYSTEM	Interval	1	2	3	4	5	6	Date
								1. CRISIS								
								2. SERIOUS								
								3. MODERATE								
								4. SLIGHT								
								5. NO BARRIER								
								6. THRIVING								

**N. Educational Needs**

1. What is the highest grade of school you have completed?

Do you have a current desire or need to continue your education?

If so, do you have a plan? (Please describe)

3. Are you aware of agencies or schools that help people get their GED?

4. If currently in GED, how often do you get to class?

Interval	1	2	3	4	5	6	Date	N. EDUCATIONAL NEEDS	Interval	1	2	3	4	5	6	Date
									1. CRISIS							
								2. SERIOUS								
								3. MODERATE								
								4. SLIGHT								
								5. NO BARRIER								
								6. THRIVING								

**O. Vocational Readiness**

1. Are you employed? If so, where?

Does this employment meet your long-term financial needs and give you personal satisfaction?

2. What are your goals for future employment?

3. What skills and/or experiences do you possess that would help you achieve these goals?

What resources/services would help you?

4. What steps have you taken toward these goals?

What steps remain?

Interval	1	2	3	4	5	6	Date	O. VOCATIONAL READINESS	Interval	1	2	3	4	5	6	Date
								1. CRISIS								
								2. SERIOUS								
								3. MODERATE								
								4. SLIGHT								
								5. NO BARRIER								
								6. THRIVING								