

Getting To Know Your Family

Family Name: _____

Coordinator Name: _____

1. What is your child's diagnosis? _____

On a scale: "No issue", "Mostly not", "Minor", "Major" and "Priority"; how would you rate the impact of this diagnosis to your current family situation?

2. Are you aware of any other health problems your child might have?

Yes_____ No_____ If yes, what are they?

Does your doctor have any concerns about your child?

Yes_____ No_____ If yes, what are they?

Do you have any special worries or concerns about your child?

Yes_____ No_____ If yes, what are they?

Do you have any concerns about your child having thoughts of suicide?

How much time does your child show pleasant joyful behaviour compared with unpleasant escalations to temper tantrums? (Percentage) _____

3. How strong or violent are your child's reactions?

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4. How well does your child adapt to changes in schedules, routines, places and situations?

5. In what situations does your child show independence?

6. What does your child need help with?

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7. If you have other children; how are siblings coping/processing/reacting to the disabilities of this child?

8. What do you enjoy most about being a parent?

Does your child behave in any ways that bother you?

9. Who do you turn to when you have a problem or when you've had a bad day?

10. Is alcohol or recreational drugs present in your home?

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11. Do you have any pets?

12. Are there any concerns in your family environment our staff would need to be aware of?

13. How do you feel about parenting compared to how you were parented?

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14. What is your biggest wish for your child/children?

15. Are you receiving supports or services from any other agency, organization or faith group?

16. Is there anything else you would like us to know about your child/family? (cultural, religious, preferences, etc.)

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