



Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

- Check all that apply:**
- HS Part Day
 - State Preschool
 - HS Wrap
 - HS Home-based
 - Children's Center

FAMILY WORKSHEET

Child: _____ Birth Date: _____ M F Site: _____ AM PM

Parent / Legal Guardian(s): _____, _____

Home Phone: _____ Other Phone: _____ English speaker: Yes No
If not, what language do you speak? _____ In what language do you prefer written material? _____

If you would like to receive information on a topic listed below, please check:

<input type="checkbox"/> Counseling <input type="checkbox"/> Stress Management <input type="checkbox"/> Child Discipline <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Child Abuse Prevention <input type="checkbox"/> Child Support Assistance <input type="checkbox"/> Incarcerated Parent Assistance <input type="checkbox"/> Marriage Support Assistance <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Medical/Dental _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the above	Notes: _____	<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Utilities <input type="checkbox"/> Transportation Referral <input type="checkbox"/> GED/High School Diploma <input type="checkbox"/> Adult Education <input type="checkbox"/> College <input type="checkbox"/> ESL (<i>English as a Second Language</i>) <input type="checkbox"/> Job Training/Job Search <input type="checkbox"/> Special Education <input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the above	Notes: _____
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In an effort to work cooperatively with other agencies, please check any services you are receiving.

<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Energy Program Assistance	<input type="checkbox"/> Family Preservation
<input type="checkbox"/> *TANF/Cal Works	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Probation
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Child Support/Alimony	<input type="checkbox"/> Unemployment Insurance
<input type="checkbox"/> Public Housing Assistance	<input type="checkbox"/> SCOE	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> WIC	<input type="checkbox"/> ALTA Regional Center	<input type="checkbox"/> Other: _____
<input type="checkbox"/> *Have you established a TANF goal? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None of the Above

What are your interests and strengths?

<input type="checkbox"/> Working with children	<input type="checkbox"/> Gardening	<input type="checkbox"/> Crafts
<input type="checkbox"/> Handy-work	<input type="checkbox"/> Sewing	<input type="checkbox"/> Music
<input type="checkbox"/> Painting	<input type="checkbox"/> First Aide	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Planning/Organizing	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Writing
<input type="checkbox"/> Cooking	<input type="checkbox"/> Security	<input type="checkbox"/> Photography
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Retail Services	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Computers	<input type="checkbox"/> Typing	<input type="checkbox"/> None of the Above

Parent/Legal Guardian Signature: _____ Male Female Date: _____

Parent/Legal Guardian Signature: _____ Male Female Date: _____

I have received the "Community Resources" handout. Please Initial

For 1st Home Visit I have reviewed the Family Worksheet with Teacher/School Community Liaison (SCL). _____
 Parent's Initial & Date

Teacher/School Community Liaison (SCL)/Home visitor Signature: _____ Date: _____

Family would like follow-up from Resource Staff: Yes No

Notes: _____

Distribution: White – Child's File Yellow – SCL / Central Support Staff Pink – Parent