 

**Family Outcome Assessment**

 Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Family Engagement Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scoring Legend: 3- Strength 2-Making Progress 1-Needs Assistance

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| --- | --- | --- | --- |
| Assessment Item | Preliminary Score | Midyear Score | End of Year Score |
| **Family Well-Being** |
| Employment, job skills, and job training |  |  |  |
| Income management, financial security, and budgeting |  |  |  |
| Medical and dental care |  |  |  |
| Safe and efficient housing |  |  |  |
| Physical and mental wellness |  |  |  |
| Affordable access to food, meal preparation, and healthy living |  |  |  |
| Transportation access |  |  |  |
| **Positive Parent-Child Relationship** |
| Managing my child's behavior |  |  |  |
| Spending quality time with my child |  |  |  |
| Actively involved with my child |  |  |  |
| Developing routines for my child |  |  |  |
| **Families as Lifelong Educators** |
| Knowledge and skills to teach my child |  |  |  |
| Knowledge and understanding of child development |  |  |  |
| Reading with my child and other educational activities |  |  |  |
| Communicating with my child's teachers |  |  |  |
| Supporting learning at home |  |  |  |
| Supporting educational plans for my child |  |  |  |
| **Families as Learners** |
| Basic life skills (cooking, budgeting, socialization, time management, etc.) |  |  |  |
| Educational Level - continuing or furthering education |  |  |  |
| Reading and writing skills |  |  |  |
| Communication skills (ability to express yourself positively and effectively) |  |  |  |
| **Family Engagement in Transitions** |
| Understanding the transitioning process |  |  |  |
| Comfortable with new teachers and program |  |  |  |
| Preparation toward elementary school |  |  |  |
| Setting goals for my child |  |  |  |

## Parent’s Name:

|  |  |  |
| --- | --- | --- |
| Assessment Item | Preliminary Score | Midyear End of Year Score Score |
| **Family Connections to Peers and Community** |
| Immediate and/or extended family support system |  |  |  |
| Connection / support with local school |  |  |  |
| Connected to other parents and families with young children |  |  |  |
| Connection / support from other community agencies and services |  |  |  |
| **Families as Advocates and Leaders** |
| Involvement in my child's education |  |  |  |
| Volunteering in my child's classroom and school |  |  |  |
| Volunteering in my community |  |  |  |
| Comfortable making decisions about my child's health |  |  |  |
| Confident in speaking up for my child and family |  |  |  |
| Awareness of State / Federal Issues that impact young children and families |  |  |  |

**Assessment Notes:**

# Preliminary

Parent Signature Date Staff Signature Date

# Midyear

Parent Signature Date Staff Signature Date

# End of Year

Parent Signature Date Staff Signature Date

 Revised 9/2021