Child's Name: EI#: Participant ID#: Date:

SECTION 1: FAMILY CONSIDERATIONS - (Optional)

1. How would you describe your child?

2. What are some great things about your family?

3. What are some things you find challenging or difficult?

4. Is there anything else you think would be helpful for others to know about your child or your family?

Describe a typical day for your child and/or family:

Morning:

Lunchtime:

Afternoon:

Dinnertime:

Evening:

Bedtime:

I understand that provision of this information on this page is voluntary and if I provide this information, it will be shared with the service plan team members and others indicated in this plan.

☐ I agree to provide this information
☐ I do not agree to provide this information

Signature ______________________________ Date ____________

The following would be helpful in the weeks or months ahead:

☐ Meeting other families whose child has similar needs
☐ Finding or working with doctors or other specialists
☐ Coordinating your child's medical care
☐ Finding out more about the services your family is receiving or could be receiving
☐ Finding new places to go in my community
☐ Planning for the future
☐ Transportation
☐ Child Care
☐ Finding someone to help out in my home (respite)
☐ Housing, clothing, jobs, food, telephone
☐ Safety
☐ Finding a support group
☐ Support/information for brothers, sisters, friends, relatives and/or others
☐ Information about my child's needs
☐ Help with insurance, SSI, Medicaid Kidcare and or DSCC
☐ Recreation - fun things to do as a family
☐ Other:

I'm concerned about and/or interested in my child's:

☐ Moving, crawling and/or walking
☐ Communicating
☐ Learning
☐ Feeding, nutrition
☐ Having fun with other kids
☐ Challenging behaviors or emotions
☐ Sleep patterns
☐ Equipment or supplies
☐ Health or dental care
☐ Pain or discomfort
☐ Vision or hearing
☐ Other: