

NWCA Head Start/Early Head Start Family Outcomes Assessment

Program Year _____

The Family Outcomes Assessment is a tool for families to identify their needs and measure growth. Northwest Head Start and Early Head Start also use this program-wide assessment to measure our effectiveness in helping families improve their lives and the lives of their children.

Participant Name: _____ **Site:** _____

Family Members Present: _____

Date Completed: _____

Scoring Legend:	5 Thriving	4 Self-Sufficient	3 Stable	2 Vulnerable	1 Crisis	Preliminary Score	Midyear Score	End of Year Score
Family Well Being								
Food								
<p>Please tell me about your food situation.</p> <ol style="list-style-type: none"> 1. My family has no food or means to prepare it. We're hungry all the time 2. My family has limited food. We often skip meals, we are hungry often. By the end of the month we run out of food. Regular use of food support. 3. My Family makes it through the month with assistance of outside resources. Needs occasional food support. 4. Can meet basic food needs without assistance. 5. Can choose to purchase without assistance any food household desires. <p>Goal:</p>								
Housing								
<p>Please tell me about your housing situation.</p> <ol style="list-style-type: none"> 1. Homeless, verge of homelessness, dangerous, no income for housing: very temporary (i.e., 1 week, shelter, camping, vehicle, hotel). 2. Temporary housing, living with family or friends, landlord not fixing problems, utilizes shut off, help from other agencies, money for rent uncertain, unsafe, crowded. 3. Semi-permanent, relatively safe/secure, some repairs needed, mostly able to pay rent and utilities, minor landlord problems, some help from agencies, Section 8 Housing. 4. Safe and secure for at least 12 months, able to pay rent/mortgage/utilities, able to pay for repairs or they are taken care of. 5. Own/rent in a stable environment, safe, suits needs/preferences, able to pay utilities. <p>Goal:</p>								
Financial Security								
<p>Do you have any financial concerns?</p> <ol style="list-style-type: none"> 1. No money or income. Not able to meet basic needs. 2. Receiving some assistance or income, not able to consistently meet basic needs. 3. Safe, able to meet basic needs consistently with assistance and/or income. 4. Meet basic needs and manage debt without assistance, able to budget, credit is ok. 5. Reliable income, able to pay bills consistently, meet financial goal, saving, good credit. <p>Goal:</p>								
Safety								
<p>Do you have any concerns about the safety of your home or family?</p> <ol style="list-style-type: none"> 1. Family environment is unsafe - many concerns. 2. 3. Family has some concerns for safety. 4. 5. Family is in no immediate danger and family members report they are safe in their environment. <p>Goal:</p>								
Health Insurance								

Scoring Legend:	5 Thriving	4 Self-Sufficient	3 Stable	2 Vulnerable	1 Crisis	Preliminary Score	Midyear Score	End of Year Score
<p>What is your family's health insurance status?</p> <ol style="list-style-type: none"> 1. Family has no health insurance. 2. 3. Family has health insurance for some, but not all family members. 4. 5. Family has health insurance for all family members. <p>Goal:</p>								
Mental Health								
<p>Do you have any mental health concerns for yourself or other family members?</p> <ol style="list-style-type: none"> 1. Family has suspected or untreated mental illness. 2. 3. Family is receiving services or referral is in progress. 4. 5. Family is stable and has adequate coping skills (such as family/community support, exercise, counseling, stress management strategies, etc.). <p>Goal:</p>								
Transportation								
<p>Do you have any concerns with transportation? Do all adults have driver's licenses?</p> <ol style="list-style-type: none"> 1. Family has no transportation or access to public transportation - no driver's license 2. 3. Family has limited access to transportation. 4. 5. Family has adequate transportation or knowledge on how to access public transportation. <p>Goal:</p>								
Positive Parent Child Relationships								
Nurturing Relationships								
<p>Tell me about your relationship with your child.</p> <ol style="list-style-type: none"> 1. Parent or family is having trouble forming healthy relationships. (Poor or no attachment to child) 2. 3. Parent or family is attached/bonded to child and would like more knowledge of developing nurturing relationships. 4. 5. Parent or family has formed positive parent/child relationship. <p>Goal:</p>								
Child Development/Parenting Skills								
<p>Tell me a little about your parenting style.</p> <ol style="list-style-type: none"> 1. Parent or family has limited knowledge of age appropriate child development. 2. 3. Parent or family parenting skills are developing and interested in child development education. 4. 5. Parent or family has appropriate knowledge of child development practices. <p>Goal:</p>								
Family As Life Long Educators								
Family Education at Home								

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What type of things do you do at home with your child?

1. Family is not engaging the child in age appropriate activities at home or utilizing services and supports.
- 2.
3. Family is working with child but needs more information and guidance-completes some family home activities assigned by teachers.
- 4.
5. Family is engaging in age appropriate activities with the child at home-usually completes family home activities assigned by teachers.

Goal:

School Readiness

What do you know about assessing your child's progress? What would you like to know?

1. Family does not understand child assessment data and progress.
- 2.
3. Family has some understanding of child assessment data and participates in parent conferences or program functions.
- 4.
5. Family understands child assessment data and guides the child and knows how to support their child for school readiness.

Goal:

Families as Learners

Education & Training

Tell me about your education background. Is your education adequate for your employment goals?

1. Parent or Guardian does not have a high school diploma/GED, or needs education and training.
- 2.
3. Parent or Guardian is working toward their GED/high school diploma, has a high school diploma/GED and/or is working toward further education, training, or literacy.
- 4.
5. Parent or Guardian is enrolled in college or training program, has a college degree and/or is working toward an advanced degree, certification or literacy.

Goal:

Volunteering

What type of volunteer experience have you had or are you interested in having?

1. Family does not participate in volunteer opportunities.
- 2.
3. Family participates occasionally in volunteer opportunities. (i.e. at least 20. 40 hours/school year)
- 4.
5. Family actively participates in volunteer opportunities. (i.e. more than 40 hours/ school year)

Goal:

Family Engagement in Transitions

Transitions

What are some ways you support or advocate for your child's education?

1. Family is unaware of their role in supporting and advocating for their child's education.
- 2.
3. Family is beginning to understand and advocate for their child's learning and development in the transition process.
- 4.
5. Family is aware, advocates and actively engages in transition planning.

Goal:

Family Connections to Peers and Community

Families and Communities

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Tell me about your support system.

1. Family has no support network or any knowledge of community resources.
- 2.
3. Family has some support networks and some knowledge of community resources.
- 4.
5. Family has dynamic support networks and is actively engaged in their community.

Goal:

Families as Advocates and Leaders

Leadership and Advocacy

Do you participate in parent meeting or other community groups? Have you or are you interested in playing a leadership role?

1. Family is not involved in any leadership/advocacy roles.
- 2.
3. Family is beginning to form leadership/advocacy partnerships with other parents and/or community groups.
- 4.
5. Family is actively serving in leadership/advocacy partnerships with other parents and/or community groups.

Goal:

Assessment Notes: