**Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guam Head Start Family Engagement Outcomes Assessment**

*We know that you have hopes and dreams for your child and family. Your answers on this family assessment will help to identify your family’s strengths and needs and set goals to support your child and family. All of your answers are confidential.*

**Name of Child: Registration #:**

**Name of Parent(s)/Guardian(s):**

**1 = My family struggles in this area and needs help now.**

**2 = My family is on the right track, but needs a lot of support in this area.**

**3 = My family is on the right track, but could benefit from some support in this area.**

**4 = My family is healthy and secure. This is an area of significant strength.**

| **Assessment Item** | **Initial Score**  | **Updated Score** |
| --- | --- | --- |
| **FAMILY WELL-BEING:** Families are safe, healthy, and have increased financial security. |
| **Housing** |  |  |
| 1. Family is homeless - transient, shelter, living in car. / Has been evicted / Does not feel safe in home.2. Family housing is temporary or shared. / Home conditions are deteriorating.3. Family lives in affordable housing and feels safe in their home.4. Family lives in housing of their choice and is safe in their environment. |
| **Health, Nutrition, and Wellness** |  |  |
| 1. Family is in immediate need of medical, dental services, or nutritional services.2. Family cannot always get health care. / Doesn’t know basic nutrition. / Has difficulty with daily living.3. Family is healthy and hygienic. / Has enough food and understands nutrition. / Copes with daily living, but still needs support.4. Family has health insurance and medical and dental homes. / Can buy healthy food. / Takes preventive health measures. |
| **Mental Wellness, Substance Abuse** |  |  |
| 1. Family has suspected or untreated mental illness and/or reports issues with substance abuse.2. Family has concerns with mental wellness or substance abuse and would benefit from more information3. Family is receiving services or referral is in progress.4. Family is stable and has strong coping skills (such as family/community support, exercise, counseling, stress management etc.). |
| **Transportation** |  |  |
| 1. Family has no transportation or access to public transportation.2. Family has limited access to transportation.3. Family has adequate transportation and knowledge of transportation resources to get to and from needed.4. Family has their own reliable transportation for daily needs.  |
| **Financial Security** |  |  |
| 1. Family income is not sufficient to cover basic family needs. I have difficulty paying bills and repaying debt.2. Family is working but still in need of financial assistance and/or financial literacy. / Need to budget or plan for expenses3. Family income meets basic needs. / Try to live by a budget and save whenever possible4. Family is financially stable. / Income allows flexibility / Regularly saves money / Pay bills on time and manage debt load |
| **POSITIVE PARENT-CHILD RELATIONSHIPS:** Families develop warm relationships that nurture their child's learning and development. |
| **Family Relationships** |  |  |
| 1. Family members do not relate to one another positively / Family lacks nurturing / Some members are subject to abusive situations2. Family is supportive of child and each other, but would benefit from more knowledge of developing nurturing relationships.3. Family is physically safe and seeks change for negative behaviors / Extended family is supportive of each other4. Family has a strong network of family and friends / Family nurtures and cares for each other |
| **Child Development, Parenting Skills** |  |  |
| 1. Family has limited knowledge of age appropriate child development / Parenting skills are not effective2. Parents know their basic responsibilities, but parenting skills and discipline are not as effective as family would like3. Parent makes and enforces rules, but need help with discipline and would benefit from additional information.4. Parents know what to expect of their children/ Make clear rules & consistently enforce them/ Know how to seek help when needed |
| **FAMILIES AS LIFELONG EDUCATORS:** Families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities. |
| **Family Education at Home** |  |  |
| 1. Family is not engaging the child in age appropriate activities at home and do not use services and supports in the community2. Family is working with child but needs more information and guidance.3. Family is engaging in age appropriate activities with the child at home.4. Family is engaging in age appropriate activities with the child at home and can help other families to do activities with their children. |
| **Child Education and School Readiness** |  |  |
| 1. Worries about child’s occasional absence from school/ Concerned about delays in child’s development/ Constant discipline problems2. Child is developing on target / Some discipline problems3. Family knows how to support their child for school readiness / Few discipline problems4. Children exceeds parents’ expectations / Rarely have discipline issues / Children are positive role models for other children / Family uses information from Parent Conferences and child assessment to work with their child at home. |
| **Promoting Primary Language** |  |  |
| 1. Family does not understand or speak their native language at all.2. Family understands their native language and occasionally uses their native language with adults.3. Family understands their native language and occasionally uses native language with adults and children.4. Family and child understand and speak their native language daily. |
| **FAMILIES AS LEARNERS:** Families advance their own learning interests through education, training and other experiences that support their parenting, careers, and life goals. |
| **Education, Training and Life Goals**  |  |  |
| 1. Parent does not have a GED/high school diploma / Has difficulty in school / Family does not support academic success2. Parent is working toward their GED/high school diploma.3. Parent has a GED/high school diploma / Pursuing short-term training and educational goals4. Parent is in college or training program, has a college degree and/or is working toward an advanced degree or certification. |
| **Employment / Volunteering Interested in being a Parent Volunteer? [ ] Yes [ ] No** |  |  |
| 1. Parents are not working / Parent lacks job-seeking skills / Family does not participate in volunteer opportunities.2. Parent is working in a temporary job without benefits / Parent is not satisfied with their job.3. Parent is working with some benefits / Parent is somewhat satisfied with job / Family occasionally volunteers4. Parent is working with good benefits / Parent is satisfied with job and career / Family actively volunteers |
| **FAMILY ENGAGEMENT IN TRANSITIONS:** Families support and advocate for their child's learning and development as they transition to new learning environments |
| **Transitions**  |  |  |
| 1. Family is unaware of their role in supporting and advocating for their child's education.2. Family knows parent rights under DOE, knows whom to contact if they have a concern, and can advocate for their child.3. Family has participated in transition activities at the school or in the community.4. Family is aware, advocates and actively engages in transition planning. |
| **FAMILY CONNECTION TO PEERS AND COMMUNITY:** Families form connections with peers and mentors in formal or informal social networks that are supportive, educational, and enhance social well-being and community life. |
| **Families and Communities**  |  |  |
| 1. Family has no support network or any knowledge of community resources.2. Family has some support networks and some knowledge of community resources.3. Family has support networks to meet their needs / Knows how to access support and services if needed4. Family has strong support system of friends and family / Is actively engaged in their community |
| **FAMILIES AS ADVOCATES AND LEADERS:** Families participate in leadership development, decision-making, program policy development, or community organizing activities to improve children's development and learning experiences. |
| **Leadership and Advocacy**  |  |  |
| 1. Family is not involved in any leadership or advocacy roles2. Family is beginning to collaborate with other parents (CLPG meetings, church or neighborhood organizations, etc.).3. Family is engaged in at least one leadership/advocacy partnership with other parents and/or community groups (GHSPC, PTO, etc.).4. Family is actively serving in leadership/advocacy partnerships with other parents and/or community groups. |
| **Screening for Intimate Partner Violence (IPV)** – Many people do not realize that violence can lead to all kinds of health problems. Because violence is so common in many people’s lives, and because there is help available at Alee Shelter and VARO (Victim Advocates Reaching Out) for those being abused, we now ask every family in Head Start about their experiences with violence. Please be assured that your answers to these questions will be kept strictly confidential:* Have you ever been in a relationship with a person who physically hurts you (push, slap, etc.)?

🞎 Currently – Needs Referral (1) 🞎 Currently – Receiving Services (2) 🞎 In the past (3) 🞎 No (4)* Have you ever been in a relationship with a person who threatens, frightens, insults you, or treats you badly?

🞎 Currently – Needs Referral (1) 🞎 Currently – Receiving Services (2) 🞎 In the past (3) 🞎 No (4)* Have you ever been in a relationship with a person who forces you to participate in activities that make you feel uncomfortable?

🞎 Currently – Needs Referral (1) 🞎 Currently – Receiving Services (2) 🞎 In the past (3) 🞎 No (4) |
| **Food Security** – Choose the answer that best fits your food situation over the last 30 days:* The food that I bought just did not last, and I did not have money to get more.

🞎 Often true (1) 🞎 Sometimes true (2) 🞎 Never true (3) 🞎 Don't know (4)* I couldn’t afford to eat balanced meals.

🞎 Often true (1) 🞎 Sometimes true (2) 🞎 Never true (3) 🞎 Don't know (4)* Did you every cut the size of your meals or skip meals because there wasn’t enough money for food?

🞎 Yes (1) No (2) 🞎 Don’t know (3)* I worried about whether or not our food would run out before I had money to buy more food?

🞎 Most times (1) 🞎 Sometimes (2) 🞎 Never (3)* The food my family bought ran out before we had money to buy more food

🞎 Most times (1) 🞎 Sometimes (2) 🞎 Never (3) |
| **Is there anything else that you would like us to know about your family that may help us to assist you, your family, or your child?**  |

Sometimes families find themselves in difficult situations and may need extra assistance. Head Start staff are available as a source of support during these difficult or stressful times. If we cannot give direct assistance, we will try to connect you to other community support services. Please contact your Family Service Worker if, at any time, you need assistance in any situation, emergency/crisis or otherwise.

Parent Signature: Date:

Family Service Worker: Date Completed: Update Completed:

9/2023 aclape