

Kinder World
Preschool and Child Care

Child Development and Early Childhood Programs
Family Partnership Worksheet
Confidential

Child's Name _____ Birth Date _____ Site: Kinder World ___ Treehouse ___
Parent/Guardian _____ Address _____ City _____ Zip _____
Home Phone _____ Email _____ Work Phone _____ Cell _____

What are your interests and strengths?

- | | | | | |
|--|---------------------------------------|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Working with children | <input type="checkbox"/> Sewing | <input type="checkbox"/> Musical Instrument | <input type="checkbox"/> Typing | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Painting | <input type="checkbox"/> First Aid | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Computers | <input type="checkbox"/> Security |
| <input type="checkbox"/> Planning/Organizing | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Handy-work | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Crafts | <input type="checkbox"/> Retail Services | <input type="checkbox"/> Writing | |
-

Check Areas Needing E = Emergency Support or I = Information

Personal Assistance

- E I
- Food
- Clothing
- Emergency Shelter

Family Issues

- E I
- Child Discipline
- Counseling
- Stress Management
- Domestic Violence
- Substance Abuse
- Legal Issues
- Child Abuse Prevention

Health/Special Needs

- E I
- Medical- Explain
- Dental- Explain
- Nutritional
- Health Insurance
- Other- Explain
- Speech Language Development
- Concerns About Learning Ability

Adult Education/Employment and Training

- GED/High School Diploma
- College
- Emergency Shelter
- Improved Reading/Writing/Math
- Vocational Training
- JTPA, ROP, Apprenticeship
- Job Search
-

Many families receive services or financial assistance from one or more programs or agencies. Does your family receive any of the following types of services or financial assistance? *Mark all that apply.*

Medi-Cal

Family Preservation

Income (SSI)

Other: Specify

Public Housing Assistance

Food Stamps

Child Support/Alimony

Probation

General Assistance

WIC

TANF/Cal Works

Alta Regional Center

Unemployment Ins

Energy Program Assistance

Supplemental Security

None of The Above

Primary Home Language

Is child fluent in English? yes___ no___

KW staff: Within 30 days contact family to ensure needs have been met. Yes _____ No _____

If additional support is needed, indicate action taken and refer to management: