

DACHS PFCE Assessment

Child: _____ Parent(s)/Guardian(s): _____

Household Members: (Please list everyone who lives in the child's home)

First/Last Name	DOB	Gender	Relationship

Head Start provides ongoing learning opportunities for parents in individual and groups settings. In collaboration between DACHS staff and family, review the list below and score the areas according to family needs. You will have the opportunity to receive more information or resources on these topics throughout the year that may be conducted at the center or within the local community. Feel free to add additional comments.

Legend: 3.0 Strength 2.0 Interest 1.0 Need

FAMILY WELL-BEING	Initial	Mid-Point	Exit
Employment			
Finances			
Family Health insurance			
Housing			
Transportation			
POSITIVE PARENT- CHILD RELATIONSHIPS			
Understanding of child development			
Parent/Guardian relationship with children			
Parenting skills			
FAMILIES AS LIFELONG EDUCATORS			
Support learning at home			
Reading with your children			
FAMILIES AS LEARNERS			
Level of Family education			
FAMILY ENGAGEMENT IN TRANSITIONS			
Understanding the transition process			
FAMILY CONNECTIONS TO PEER & COMMUNITY			
Community Support			
FAMILIES AS ADVOCATES AND LEADERS			
Knowledge on how to advocate for myself, children, families.			

Other areas of interest/need:

Initial Assessment:

_____/_____

Parent/Guardian Signature/Date

_____/_____

Staff Member/Date

Other areas of interest/need:

Mid-Point Assessment:

_____/_____

Parent/Guardian Signature/Date

_____/_____

Staff Member/Date

Other areas of interest/need:

Exit Assessment:

_____/_____

Parent/Guardian Signature/Date

_____/_____

Staff Member/Date