

Family Considerations and Concerns for the Individualized Family Service Plan

1. Please describe how you see your child. Tell what you most like, any concerns or needs. (Please use back or additional paper if desired.)

2. Which of the following do you or other family members feel are important concerns or areas about which you would like more information?

for your child

- getting around
- communicating
- learning
- eating, nutrition
- sleeping
- toilet learning
- having fun w/other children
- challenging behaviors/emotions
- equipment or supplies
- health or dental care
- pain or discomfort
- vision
- hearing
- other

for your family

- meeting other families whose child has similar needs
- planning/expectations for future
- finding a support group
- information/ideas for brothers, sisters, friends, relatives, others
- finding or working with doctors/other specialists
- coordinating child's medical care
- coordinating/making appointments, dealing with agencies
- learning about different services and how they work
- information about available resources
- information about specific special needs
- explaining professional terms/roles
- help with transportation (to school, appointments, or vehicle adaptation)
- finding child care
- people who help in your home/care for your child so you can have a break
- assistance with housing, clothing, jobs, food, telephone
- assistance in obtaining funds for extra cost of child's special needs
- help with insurance

- information about recreational opportunities
- interpreter -- language: _____
- other

notes

3. What type of help would you want for your child and family in the months or year ahead?

4. What else do you think would be helpful for others to know about your child? ...about your family?