



1) What would you like us to know about your child/youth?
a. What does he/she do well? Like? Dislike?

2) What would you like us to know about you/your family?

3) Do you have any concerns or worries for your child/youth? *Some examples below.*

Their growth/development

Doing things for themselves

Other (fill in)

Learning

Falling behind in school

Sleeping

Behavior

Self-care

The future

Making and keeping friends

Playing with friends

4) Have there been any changes since we saw you last, such as a:

Brother or sister leaving home?

Separation or divorce?

Move to a new town?

Other (fill in)

Sickness or death of a loved one?

New job or job change?

5) Can we help you with any of the following needs?

Medical *For example, help finding or understanding medical information; help finding health care for yourself or your family.*

Social *For example, having someone to talk to when you need to; getting support at home; finding supports for the rest of your family.*

Educational *For example, explaining your child's needs to teachers; help reading or understanding medical information.*

Financial *For example, understanding insurance or finding help paying for needs that insurance does not cover – such as medications, formulas, or equipment.*

Legal *For example, discussing laws and legal rights about your child's health care or their school needs.*

General *Please let us know what else you need help with (if we don't know, we will work with you to find the answer).*

Notes:
