ADULT EDUCATION AND EMPLOYMENT SKILLS

Please check the box in each category that best describes your education/employment skills.

Job Skills, Work History

- □ Constant development of new transferable skills; solid job search and retention skills.
- □ Has attained marketable skills; good job retention.
- □ Has understanding of job skills, can search for job with assistance; some positive work history.
- □ Minimal job skills; very little positive work history.
- \Box No developed job skills; no positive work history.

Career Goals/Advancement

- \Box Is making steady advancement in career of choice.
- \Box Has employment with moderate potential for advancement.
- \Box Has employment or works in the home.
- Employment is not in career of choice or does not offer opportunities for advancement; or unemployed with benefits.
- □ Unemployed without benefits.

Educational Development

- □ Pursues educational goals without additional resources.
- \Box Can set and pursue educational goals with assistance.
- □ Interested in furthering education, but unclear on educational goals.
- □ No access to appropriate educational resources.
- \Box No interest in educational development.

CHILDREN'S EDUCATION AND DEVELOPMENT

Please check the box in each category that best describes your child's education and development.

Age-Appropriate Development

- □ Meeting all age appropriate developmental benchmarks, exceeding some.
- □ Meeting developmental benchmarks in all areas.
- □ Meeting developmental benchmarks in most areas.
- □ Child is not meeting appropriate development benchmarks.
- □ Serious developmental delays or deficiencies.

Age-Appropriate Behavior/Social Skills

- □ Shows leadership potential; good self-control; behaves independently of adult supervision.
- □ Forms positive peer relationships; requires normal adult supervision.
- □ Forms some positive peer relationships; requires some adult intervention to moderate behavior.
- □ Acting out or other behaviors require significant adult intervention.
- □ Child has hurt other children; acting out or other symptoms require intense one-to-one adult intervention.

Verbal Communication

- □ Communicates all needs and desires in appropriate ways.
- □ Communicates basic needs and desires in appropriate ways.
- □ Some effective communication; or making progress learning to communicate in a second language.
- □ Child has difficulty communicating.
- □ Child has serious difficulty communicating or no verbal communication skills (due to developmental problems or lack of English capability).

School/Program Attendance

- □ Regular attendance; all absences have been excused; or in-home care/in-home schooling.
- □ Absenteeism from school/child development program not high enough to be of concern.
- □ Some absenteeism worthy of some concern.
- □ Moderate absenteeism worthy of moderate concern.
- \Box High absenteeism.

COMMUNITY ENGAGEMENT

Please check the box in each category that best describes your community involvement.

Knowledge of and access to community resources			
	Has knowledge of and access to community resources and assists others in accessing services and resources. Knowledge of and access to resources and is able to share knowledge. Aware of and accesses community resources as needed. Accesses some resources with help. Minimal knowledge of resources or services.		
Engagement with community groups/activities			
	Takes leadership in community groups/activities, or initiates groups or activities not currently in existence, and helps others get involved. Actively participates in community groups/activities of interest. Has identified community groups/activities of interest, and has had some level of participation. Is aware of community groups/activities but is not involved. Is not aware or involved with any community groups/activities.		
Influence on public policy issues or local systems			
	Takes leadership in influencing public policy issues or local systems; helps others get involved.Has understanding of public policy issues or local systems; has taken steps to create desired change (either individually or in a group).Is trying to better understand and influence public policy issues or local systems; learning how to advocate for desired change.Is aware of the need to change public policy or local systems, but has not been involved in efforts to do so.Is not aware of the impact of public policy issues or local systems on family circumstances.		
Connectedness with local schools			
	Takes leadership in school-related activities and helps others get involved. Actively participates in school-related activities. Has attempted to participate in school-related activities. Is aware of school personnel but is not involved in activities. Is not aware of school personnel or involved in activities.		
Relationship with neighbors			
	Takes time to engage with neighbors on a regular basis. Engages with neighbors when the opportunity presents itself. Considers neighbors friends. Consistently interacts with and knows neighbors. Has attempted on occasion to connect with neighbors. Rarely speaks with neighbors.		

COMMUNITY ENVIRONMENT

Please check the box in each category that best describes your community environment.

		Tolerance of diversity within neighborhood
Check the		Neighborhood is diverse with signs of cultural differences are supported
one		and or celebrated.
which		Neighborhood is without conflict and diversity is accepted.
best		Neighborhood diversity is displayed externally without conflict.
applies		Neighborhood shows signs of hostility among members across
	_	populations/cultures.
		Neighborhood residents engage in hostile action.
		Availability of community services in neighborhood
Check the		Comprehensive services adapt to changing neighborhood needs.
one		Community and social services are available to neighborhood and are
which		well coordinated.
best		Community services are available for neighborhood as needed.
applies		Some services exist but are not coordinated.
		Community and social services have low presence in the neighborhood.
		Physical appearance of neighborhood
Check the		Physical surrounding and residences are constantly improving.
one		Physical surroundings and residences are consistently well kept.
which		Physical surroundings and residences require some repairs on a
best		consistent basis.
applies		Physical surroundings and residences are in need of substantial repair.
		Physical surrounding and residences are deteriorating.
		Crime level in neighborhood
Check the		Crime is rare.
one		Crime is low.
which		Crime activity is moderate.
best		Crime activity is high.
applies		High crime activity on a constant basis.
		Police response in neighborhood
Check the		Police response is immediate.
one		Police response is good.
which		Police response is satisfactory.
best		Police response is slow.
applies		Police response is delayed.

FAMILY RELATIONS

Please check one box in each category that best describes your family relations.

Conflict/resolution skills

- □ Conflicts are creatively resolved and solutions are used on future occasions.
- □ Conflicts are effectively resolved by family members.
- □ Conflicts are resolved for the moment, in a safe process, with or without assistance.
- □ Conflicts expressed with anger and acting out, may be some ability to discuss afterwards.
- □ Conflicts are frequent and recurrent, with threats and/or violence.

Family rules and expectations

- □ Parental expectations, rules, consequences match children's individual capacities and are accepted by children.
- □ Parental expectations, rules, consequences match children's development and are understood by children.
- □ Parental expectations, rules, consequences are often effective.
- □ Parents often unable to take charge when children defy/ignore them.
- □ Parents consistently overreact or under-react when children defy or ignore them.

Family communication skills

- □ Family members communicate openly and respectfully.
- □ Family members often communicate respectfully.
- □ Family members can relate with one another with some success.
- □ Communication among family members is strained.
- □ Communication among family members is abusive or cut off.

Extended family support

- □ Extended family is involved and strongly supportive.
- □ Extended family well-connected and offers support consistently.
- □ Extended family is connected and provides support when requested and able to do so.
- □ Minimal contact or support from extended family.
- □ Isolated by distance or emotional conflict from extended family.

FINANCIAL STABILITY

Please check one box in each category that best describes your financial situation.

Quality of employment

- □ Have made steady advancement in career of choice.
- □ Have employment with potential for advancement.
- □ Have consistent employment (not necessarily with the same employer).
- □ Have sporadic, low-paying employment.
- □ Unemployed; no leads for next job.

Income level for basic family expenses

- □ Sufficient earned income to allow family choices for nonessential purchases or to put in savings.
- □ Sufficient earned income and benefits to meet basic family needs.
- □ Can meet basic family needs through employment income, benefits and other sources.
- □ Earned income/benefits and social services are not enough to support basic family needs.
- □ No income; disconnected from social services; cannot meet basic needs of family.

Budgeting skills and knowledge of financial resources

- □ Have an established relationship with a financial institution; pay bills on time; save when possible; able to obtain credit.
- □ Can stick to a monthly budget; pay bills on time and delay purchases to handle debt load; able to obtain credit.
- □ Can plan a monthly budget and is aware of or uses appropriate resources for help; generally pay bills on time; able to get limited credit.
- □ Limited knowledge of budgeting or ability to access resources for help; spontaneous spending; often late paying bills; difficulty getting credit.
- □ No knowledge of budgeting or available resources for help; cannot pay bills or obtain credit.

FOOD AND CLOTHING

Please check one box in each category that best describes your food and clothing resources.

Resources for Nutritious Food

- □ Has financial resources to provide nutritious meals of choice.
- Has financial resources to provide sufficient and nutritious food for family members.
- Has sufficient personal or community resources to obtain and prepare nutritious food.
- □ Limited resources to obtain nutritious food for family.
- □ Serious lack of resources to obtain nutritious food and/or health problems due to lack of nutrition.

Adequacy of Clothing

- □ Has financial resources to purchase appropriate clothing of choice.
- □ Has clean, appropriate clothing for school, work, or leisure.
- □ Clothing mostly adequate.
- □ Clothing is ill-fitting, inadequate, or inappropriate for school or work.
- □ Lack of adequate clothing for different seasons, for basic needs.

HEALTH AND SAFETY

Please check one box in each category that best describes your health status.

Health habits

- □ Practices preventive health behaviors.
- □ Identifies own health needs and consistently seeks treatment when needed.
- □ Recognizes safe behaviors and begins to make them routine.
- □ Engages in poor self care and/or unsafe behaviors that threaten health.
- □ Has ongoing dangerous and/or self-destructive behaviors, i.e. substance abuse.

Ability to afford health care

- □ Has full health insurance coverage for entire family including medical, dental and vision, and adequate resources to pay for it.
- □ Has medical health insurance for most of family's health care needs.
- □ Has insurance coverage for major health care needs for entire family or can pay for health care through a combination of sources.
- □ Not financially equipped to handle medical needs; underinsured; inadequate coverage for entire family.
- □ No health insurance or unable to qualify for health insurance for any family member.

Status of physical health

- □ Free from illness, or has adapted to illness or disability for optimal living.
- □ Free of chronic illness or actively managing illness or disability adequately.
- □ No current health care needs, or receiving treatment for ongoing conditions.
- □ Current untreated or poorly treated non-emergency health problem(s).
- \Box Needs immediate health care.

Environmental conditions

- □ Lives and works in a safe and healthy environment.
- □ Lives and works in a predominantly safe and healthy environment.
- □ Lives and work in an environment that is sufficiently safe.
- Lives or works in an unsafe environment, may be exposed to environmental hazards
- □ Lives or works in a dangerous environment that poses an immediate threat to health and safety.

Access to health resources

- □ Able to afford a variety of health care choices and can assertively advocate for health needs.
- □ Can get medical care when needed and has some alternatives regarding form of treatment.
- □ Able to access health care, but with difficulty (some gaps in care).
- □ Limited knowledge of or access to appropriate medical resources.
- □ Has no knowledge of or access to medical resources.

IMMIGRATION AND RESETTLEMENT

Please check one box in each category that best describes your family's immigration/resettlement status.

Immigration status

- □ All family members have legal residency status and/or citizenship.
- □ One or more adult family members has legal residency; may be in process of obtaining citizenship.
- □ One or more adult family members in process of obtaining legal residency; has basic understanding of legal processes and rights.
- □ Undocumented; no residency process in place; may be accessing resources to better understand legal processes and rights.
- □ Family member facing deportation or family member has been deported.

Language skills

- □ All adult family members are fluent in written and spoken English.
- □ Some adult family members are fluent in written and spoken English.
- □ Limited English language skills; enrolled in language classes.
- □ Minimal English language skills; not enrolled in language classes.
- □ Insufficient language skills to meet basic needs.

Maintaining cultural identity

- □ Moves easily between culture of origin and new culture.
- □ Maintains culture of origin and is developing knowledge about new culture.
- □ Has established linkages with culture of origin and beginning to make linkages with new culture.
- □ Looking to establish some linkages with culture of origin in local community.
- □ Isolated from culture of origin.

PARENT/CHILD RELATIONSHIPS

Please check one box in each category that best describes your relationship with your child.

Nurturing

- □ Anticipates child's emotional and physical needs and responds with caring, love and concern.
- □ Responds to child's emotional and physical needs with caring, love and concern.
- □ With help, learning to empathize with child's emotional and physical needs.
- □ Difficulty with supporting child emotionally and/or physically; difficulty with bonding.
- □ Unable to support child emotionally and/or physically; lack of bonding.

Discipline

- □ Consistently uses age appropriate corrective measures that teach the child self discipline, natural consequences; parent recognizes own mistakes and seeks to improve.
- □ Beginning to use age appropriate corrective measures with some success that teach the child self-discipline, natural consequences.
- □ Somewhat aware of age appropriate discipline techniques; seeking information or help with discipline techniques.
- □ Unaware of age-appropriate discipline techniques, not sure how to get information or help; inconsistent response to child's behavior.
- □ Lack of self-restraint when using discipline techniques; very often feels out of control; worried may physically or emotionally harm child.

Enrichment

- □ Creates opportunities for child to explore a variety of interests and activities that nurture development.
- □ Responds to and encourages child's interests.
- □ Has sought/received help to provide age appropriate growth and learning opportunities for child.
- □ Difficulty providing opportunities and activities to child for growth and enrichment; child has limited social interaction.
- □ Opportunities/activities unavailable to child for growth/enrichment; child socially/emotionally isolated.

SHELTER

Please check one box in each category that best describes your housing situation.

Safety and condition of housing

- □ Very healthy, structurally safe, and well maintained
- \Box Decent, safe and sanitary
- □ Not hazardous, unhealthy or overcrowded
- □ Deteriorating, unsafe, and unsanitary
- □ Dangerous and unsanitary; or homeless

Proportion of income used for housing

- □ Spends less than 25% of income for rent or mortgage
- □ Spends approximately 30% of income for rent or mortgage
- □ Spends less than 50% of income on rent or mortgage
- \Box Spends more than 50% of income on housing
- □ No income to pay rent; or homeless

Stability of housing

- □ Owns home or has long-term tenancy
- \Box Occupancy is secure for more than a year
- □ Occupancy is currently secure
- □ Lives in temporary or transitional housing or shelter, with supportive services; or has notice to vacate and utilities have been shut off
- □ Homeless (in a homeless motel/shelter, on the streets, living temporarily with others)

Adequacy for family size

- □ Family living in an oversized unit
- □ Size of home is appropriate to family size and composition
- □ Size of home meets family's immediate needs
- □ Housing is overcrowded for family size
- □ Homeless (in a homeless motel/shelter, on the streets, living temporarily with others)

SOCIAL AND EMOTIONAL HEALTH

Please check one box in each category that best describes your social and emotional health.

Quality of social support system

- □ Extensive support system of family, friends and community resources.
- □ Can count on support of family and friends and use community resources.
- □ Can ask for and receive some support from family and friends, may use community resources
- □ Cannot ask for and/or does not receive support from family or friends or community resources.
- □ Lack of support system, unable to access community resources.

Quality of well-being and level of coping skills

- □ Feels good about self; willing to change and grow; effective problem-solving skills.
- □ Developing positive sense of self; feels hopeful.
- Sees possibility of change and begins to acknowledge areas of strength; begins to be hopeful.
- □ Usually feels unhappy about self and life; unstable mental health condition.
- □ Unclear thought process; feels hopeless; untreated mental health condition.

Sense of personal responsibility

- □ Accepts own feelings and is able to respect and empathize with the feelings of others.
- □ Accepts responsibility for choices and behavior.
- □ Acknowledges difficulties and seeks help for ways to change.
- □ May recognize some difficulties; overwhelmed or immobilized.
- □ Unable to take care of self or family.

Presence/degree of substance abuse

- \Box No history of substance abuse.
- \Box In long-term recovery.
- □ Acknowledges substance abuse and is receiving help.
- \Box Abuses drugs/alcohol; seeking help.
- \Box Abusing drugs/alcohol with destructive consequences.

TRANSPORTATION AND MOBILITY

Please check one box in each category that best describes your access to transportation (public or private).

Access to transportation based on level of need

- □ Owns dependable car; frequency and destination of travel is not a problem.
- □ Has consistent, dependable transportation, public or private.
- □ Has access to public or private transportation for basic needs.
- □ Limited access to public or private transportation.
- □ No access to transportation to satisfy basic needs.

Safety, condition of transportation

- □ Has ability and resources to maintain transportation and have safe, reliable vehicle.
- □ Has choice of transportation and resources to use them; access to reliable car.
- □ Uses safe forms of transportation.
- □ Using unsafe forms of transportation (i.e. hitchhiking, unsafe car).
- □ No financial resources for transportation.

Legal status of driver, vehicle (license, insurance, etc.)

- □ Has current driver's license; car insurance with comprehensive coverage.
- □ Current license and basic liability car insurance.
- □ Has current license and is insured to drive vehicles other than their own.
- Driving without a license, registration or insurance; and/or relies on public transit.
- □ Legally unable to get a driver's license.