

READINESS TO LEARN - NEEDS ASSESSMENT FORM

Child's Name: _____ Child's ID#: _____ Date Assessed: _____

Academic (check all that apply) Or No Identified Need in this Area

- Poor Attendance
- School Behavior Problems
- Academic Problems
- Other - Please Describe: _____

Family Basic Needs (check all that apply) Or No Identified Need in this Area

- Food
- Child Care
- Employment
- Clothing
- Housing
- Other - Please Describe: _____
- Legal Problems
- Transportation

Health Needs (check all that apply) Or No Identified Need in this Area

- Chronic Health Problems
- Vision Problems
- No Insurance
- Other - Please Describe: _____
- Acute Health Problems
- Dental Problems
- Hearing Problems
- Immunizations
- Developmental Concerns

Social/Emotional (check all that apply) Or No Identified Need in this Area

- Behavioral Problems
- Parenting
- Emotional Problems
- Substance Abuse
- Family Violence
- Other Mental Health Concerns
- Physical Abuse/Sexual Abuse/Neglect
- Other - Please Describe: _____

Cultural Factors Or N/A

- Language
- Literacy
- Communication with School/Other Professionals
- Other - Please Describe: _____
- Family Customs/Beliefs
- Cultural Approach to Help-Seeking/Acceptance

