

**Niagara Special Needs Resource Agencies
Level of Service Tool
FAMILY INDICATOR CHECKLIST**

Child's Name: _____ DOB: _____
Date Completed: _____

Indicator	Yes	No
<p>1. Caregiver(s) feel they have adjusted to the changes in their family and feel they are in control. Caregivers are accepting of their child's needs. They accept help from a variety of professionals who need to be there to support their child.</p>		
<p>Comments:</p>		
<p>2. Caregiver(s) behavior management strategies are effective <i>most</i> (80%) of the time. Caregivers have effective behavior management strategies that they implement consistently with success.</p>		
<p>Comments:</p>		
<p>3. Caregiver(s)' respond to child's cues, understands the child's needs, personality and emotional states.</p>		
<p>Comments:</p>		
<p>4. Child seeks out caregiver(s) when distressed or is readily consoled by caregiver(s).</p>		
<p>Comments:</p>		

5. Caregiver(s) have an understanding of atypical/typical development and is/are familiar with developmental milestones.		
Comments:		
6. Caregiver(s) often show interest in the child; interacts and plays with child on regular basis. Caregiver(s) understand how to provide learning opportunities for the child. The caregiver(s) are often down at the child's level and verbally interacts with child, as well as playing developmentally appropriate games with the child.		
Comments:		
7. Living conditions are safe for the child and caregiver(s) have ensured adequate supervision is present at all times of the day. In the home, there are things like gates on the stairs for children who have not mastered walking up and down stairs; windows are closed and locked when needed for safety or have safety bars/screening to make them safe; hazardous material is locked up, etc. A responsible person is always supervising the child.		
Comments:		
8. Caregiver(s) health is good or necessary supports are in place to handle the medical condition/physical disability or to help with child.		
Comments:		
9. Caregiver has a developmental disability, but it does not inhibit their ability to parent or their ability to parent is remedied well by supports that are in place.		
Comments:		

<p>10. Caregiver(s) mental health is good or necessary supports are in place to manage the mental illness or to help with the child. If caregiver does have a mental illness, it is well controlled by medication, therapy etc. There are extended family members or friends who give the caregivers a break as a prevention of mental health issues such as depression.</p>		
<p>Comments:</p>		
<p>11. Caregiver has minimal Stressors The family has limited stressors in their family life. Stressors could include: frequent appointments with other professionals; difficult grieving process for their child's delays; family are also caregivers for older relatives; more than one child in family with delays; work or financial issues.</p>		
<p>Comments:</p>		
<p>12. Caregiver(s) show competence in dealing with stressful situations and develop plans to restore balance. Caregiver(s) have good time management, exercise, diet, routines, friends, strategies that they use consistently when crises happen and to prevent crises. Caregiver(s) could be described as resilient.</p>		
<p>Comments:</p>		
<p>13. Communication between members of formal/informal family support system is well established. Caregiver(s) have no concerns. Caregiver(s) know how to communicate effectively with one another. All relevant information is shared across the family support system.</p>		
<p>Comments:</p>		

<p>14. Caregiver(s) have access to stable and adequate finances and are able to provide for basic needs of family. (i.e. housing, food, childcare, etc.)</p>		
<p>Comments:</p>		
<p>15. Caregiver(s) can identify a reliable network of social supports (i.e. family and/or friends). Caregivers regularly have some time away from the children and the children are cared for by family or friends. There is someone for the caregiver(s) to talk to when/if they need to process ideas or concerns.</p>		
<p>Comments:</p>		
<p>16. Caregiver(s) access community services to help promote the development of the child. Caregivers have advocacy skills to access services. Caregiver(s) have the services of people like: family doctor, dentist, speech pathologist, audiologist, OT, PT, behavior support, respite, or they are waiting for the services of people like these.</p>		
<p>Comments:</p>		
	<p>Yes</p>	<p>No</p>
<p>Total:</p>		

General Guidelines for Completing the Family Indicator Checklist

The Family Indicator Checklist has been developed to ensure consistency in family involvement across Resource Teacher Agencies, to provide a framework for determining the goals and needs of individual families and to more clearly define the role of the Resource Teacher/Consultant in respect to the family. The checklist is not intended to be seen as a judgment, criticism or evaluation of the family. All areas discussed in the section are key elements of the relationship between the child and family and important factors in determining child outcomes.

The checklist should generally be completed within the first 6 months of service, once rapport has been developed with the family. Information from other sources (ie other agencies) may be included to assist in completing the checklist.

Calculating Hours of Family Involvement:

1. Complete checklist and tally total number of yes/no responses based on following scale:

Number of Negative (No) Responses	Family Contact Hours
0 - 5	1 Hour of Contact with Family per month
6 - 10	2 Hours of Contact with Family per month
11 - 16	3 Hours of Contact with Family per month

2. Transfer total number of negative (NO) responses to Family Section on Level of Indicator Summary Form
3. Family Contact Hours will be factored into determination of specific direct child/family hours as per guidelines on Level of Indicator Summary Form.

Recommended role of RT/C with Families:

1. Modeling of appropriate parent/child interaction.
2. Parent education regarding child development and strategies for skill development.
3. Providing basic behavior management strategies.
4. Assistance in transition to school.
5. Referral/connect to community resources such as: housing, mental health services, financial supports, family counseling, respite, social assistance etc.