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| **Rating Scale 1-4** | 1. **Immediate Needs**
 | 1. **Support Needed**
 | 1. **Stable**
 | 1. **Safe /Self Sufficient**
 |
| **General****Guidelines** | * Family cannot meet its needs.
* Family is unwilling or unable to work toward positive change.
* Family Systems have collapsed or are in immediate danger of collapse.

Strong outside intervention needed to move family to “At-Risk” level. | * Family is secure from immediate threats to health and safety, but has not yet developed or committed to plans for long-term growth and change.

Continuing safety-net intervention provides platform on which the family can build its plans for improving its circumstances. | * Family is no longer in danger, is ready and willing to change and is planning for its future.

Supportive services provided to assist family members in implementing their plans.  | * Family is strong and has made significant progress in proving its circumstances; it is generally secure as a result of its own efforts.
* Family is economically self-sufficient, and has a clear vision of its ultimate goals.

 Intervention is resource-  oriented. |

**FAMILY ENGAGEMENT OUTCOMES WITH RELATED INDICATORS USED TO MEASURE PROGRESS**

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| **Rating Scale 1-4** | 1. **Immediate Needs**
 | 1. **Support Needed**
 | 1. **Stable**
 | 1. **Safe /Self Sufficient**
 |
| 1. **Family Well Being**
 |
| **Housing****Tell me about your housing situation.** | * Family is looking for a home or shelter, has been or soon will be evicted, or is living with others.
* Family does not feel safe where they live.
* Homeless or on the verge. Very temporary housing (such as with friend for 1 week). At a Shelter. Camping, living in vehicle, etc. No income for housing. Dangerous or bad situation. Utilities shut off.
 | * Family lives in a home, shelter, transition, or motel.
* Family home has some areas that could be considered unsafe.
* Temporary housing. Live with friends/family. Money for rent/utilities uncertain. Unsafe or crowded. No money for repairs. Landlord not fixing problems.
 | * Family has lived in a home for six months.
* Family home is usually safe and well-maintained.
* Semi-permanent. Relatively safe and secure. Some repairs needed. Mostly have ability to pay housing/utilities/

repairs. Minor landlord issues. Subsidized. | * Family has lived in the same home for a year or more.
* Family home is safe, healthy, and well-maintained.
 |
| **Income /Budget****Tell me about your financial situation?** | * Family does not know how to budget and is not aware of resources that can assist me.
* Limited or no income. Depend strongly on assistance to survive. No budgeting skills
 | * Family has limited knowledge of budgeting and resources to assist them.
* Inadequate income. Unable to pay all bills. Use some assistance to get by. Need help with budgeting skills.
 | * Family can plan a monthly budget and is aware of resources that can assist them.
* Stable income. Struggle to pay bills on time. Access resources as needed.
 | * Family uses a monthly budget and is aware of resources that can assist them.
* Reliable income. Able to pay bills on time. Has savings/retirement account. Have credit cards/good credit. Able to follow budget.
 |
| **Employment****Tell me about your current/past work experiences.** | * Family member is unemployed and has difficulty getting a job.
* Unemployed. Disabled with no benefits. No/limited prospects or skills. Long term unemployment. Barriers to employment (undocumented, criminal history, health issues)
 | * Family experiences a difficulty keeping a job once hired.
* Temporary or part-time with no benefits. Receiving unemployment compensation. Limited skills. Inadequate pay/benefits.
 | * Family member is employed.
* Stable or part-time/minimum wage job with some benefits. Needs additional job training and employment skills.
 | * Family member is employed with potential for advancement.
* Permanent employment. Full benefits. Upgrading skills. Transferrable skills.
 |
| **Food and Nutrition****Tell me about how you provide proper nutrition for your family.** | * Family does not receive proper nutrition based on age and development.
* Family has no access to fresh fruits and vegetables
* Family has no knowledge of healthy eating habits
* No food or preparation facilities. Malnutrition. Eating disorders.
 | * Family receives limited amounts of proper nutrition.
* Family has access to fresh fruits and vegetables within 3 miles of home
* Family has limited knowledge healthy eating habits
 | * Family receives proper nutrition at least once a day.
* Family has access to fresh fruits and vegetables within one mile of home
* Family has knowledge of healthy eating habits but does not know how to prepare and cook healthy meals
 | * Family receives sufficient amounts of nutritious foods throughout the day.
* Family has access to fresh fruits and vegetables within walking distance of home and supplements produce with at home garden
* Family has knowledge of healthy eating habits and utilizes that knowledge to prepare and cook healthy meals
 |
| **Transportation and Mobility****Tell me about how you get to appointments, work,****center, ect.** | * Family has no access to transportation, even in an emergency.
* No vehicle. No access to transportation with others. Walk everywhere. No driver’s license.
 | * Family has no access to transportation to satisfy their basic needs.
* Unreliable vehicle. May not be able to pay for needed repairs/gas. No driver’s license. Unreliable resources for transportation.
 | * Family has limited access to transportation when needed.
* Semi-reliable vehicle. Able to pay for some repairs, but not at this time. Able to get reliable rides. Have driver’s license and insurance. Can afford gas for essential trips.
 | * Family has consistent, dependable transportation.
* Reliable vehicle. Have driver’s license. Have money for car repairs, payment, gas, regular maintenance insurance.
 |
| **Health** **Tell me about your family’s medical and dental status.** | * Someone in the family has a medical condition but does not seek medical attention
* No regular doctor or dentist. Need help finding resources. No Insurance. Can’t afford doctor/dentist. Can’t afford or skipping needed medications. Serious illness in family.
 | * Family often does not seek medical attention when it is needed.
* No/Poor insurance. No regular doctor or dentist. Use emergency room for doctor. Need help finding resources. Only go to doctor/dentist when an emergency. Unmet medical/dentist needs. Behind on immunizations.
 | * Family seeks medical attention when it is needed.
* Access to doctor and dentist through clinics. Typically able to see doctor/dentist when needed. Adequate insurance coverage. Immunizations are up to date. Typically able to obtain medications.
 | * Family seeks preventative medical attention for members of the family.
* Family doctor and dentist. Immunizations up to date. Everyone is healthy. Money/insurance for medical.
 |
| **Social Emotional Health****Tell me about your family’s social and emotional health.** | * Family has no knowledge of community resources or close family or friends to assist them.
* Unmanaged depression, anxiety, eating disorder, or other mental health issue. Struggles to cope. Possible danger to self/others. Substance abuse. Unable to function in society. More bad days than good.
 | * Family has minimal knowledge of programs and has difficulty accessing services or finding friends.
* Child has been exposed in the past with substance abuse or violence.
 | * Family is aware of and can access programs or friends/family with support when needed.
* Child has been exposed in the past with substance abuse and has received or is receiving support to prevent future abuse.
 | * Family is currently participating in community programs and/or a variety of family of friends to access when needed. Family is safe from physical and emotional abuse.
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| **Rating Scale 1-4** | 1. **Immediate Needs**
 | 1. **Support Needed**
 | 1. **Stable**
 | 1. **Safe /Self Sufficient**
 |
| 1. **Positive Parent Child Relationships**
 |
|  **Positive Family Relations** **What do you think a healthy parent/child relationship looks like? Do you feel you have this with your child?** | * Family has frequent and recurring conflicts.
* Family member is not confident to parent the child.
* Behavioral issues. Negative or non- consistent use of discipline. Overwhelmed. No support. Needs help with resources. Need parenting help/skills. Relationship issues.
 | * Family has conflicts that are expressed with anger and acting out.
* Family may have the ability to discuss the conflict afterwards.
* Family member is inconsistent in parenting behavior.
 | * Family conflicts are resolved for the moment, in a safe process with/or without assistance.
* Adults are often confident in dealing with the child’s behavior.
 | * Family conflicts are effectively resolved.
* Adults are very confident in parenting skills.
* Nurturing relationships. Positive techniques of guidance. Strongly involved in family situations.
* Supportive environment.
 |
| **Expectant Parenting** **Prenatal Health****(If applicable)****Tell me about your knowledge of the importance of prenatal health.** | * Family has a high risk pregnancy.
* Family does not have a regular doctor.
* Family does not have any access to community resources.
* Family does not have any knowledge about infant care.
 | * Family has a complicated pregnancy.
* Family has a regular doctor but does not attend regularly to the visits.
* Family has access to some community resources.
* Family has a little knowledge about infant care.
 | * Family has minor complications on the pregnancy.
* Family has a regular doctor and attends. regularly to the visits.
* Family is using some of the community. resources available to the needs
* Family has knowledge about infant care but would like to get more information.
 | * Family has a non-complicated pregnancy.
* Family attends to all the doctor’s visits.
* Family uses all the community resources available to their needs.
* Family has knowledge about infant care.
 |
| **Child Health** **and** **Safety****Tell me if you have any concerns about an immediate threat to your family’s safety.** | * Family feels in danger.
* Family is homeless.
* Family does not have medical insurance.
* Serious illness in the family
 | * Family feels somewhat in danger.
* Family is afraid of becoming homeless.
* Family is in the process of getting medical insurance.
* There are some temporary family illnesses.
 | * Family is feels safe.
* Family is living with relatives.
* Family has some type of medical insurance.

Family is healthy. | * Family feels safe.
* Family has permanent housing.
* Family has medical insurance.
* Family is healthy.
 |
| **Rating Scale 1-4** | 1. **Immediate Needs**
 | 1. **Support Needed**
 | 1. **Stable**
 | 1. **Safe /Self Sufficient**
 |
| 1. **Families as Lifelong Educators**
 |
| **Knowledge of Child Growth Development****How do you describe your knowledge of child growth and development?** | * Family has no knowledge of child growth and development
 | * Family has limited knowledge of child growth and development
 | * Family has a basic understanding of child growth and development
 | * Family has a strong understanding of child growth and development
* Family is implementing best practices
 |
| **Child’s Primary Educator****Tell me about some activities you do to get your child prepared to be successful in school.** | * Family has little to no knowledge of what it means to be their child’s primary educator
* Family has not received any information on being their child’s primary educator
* Family is unable to support their child in any learning activities.
 | * Family has a limited understanding of what it means to be their child’s primary educator
* Family has limited access to learning resources and has several concerns about their child’s learning.
 | * Family has a basic understanding of what it means to be their child’s primary educator
* Family feels somewhat confident about their child’s learning.
 | * Family has a strong understanding of what it means to be their child’s primary educator
* Family is taking on the role of being their child’s primary educator
* Family completes home activities and is aware of what the child is learning.
* Family is engaged in daily literacy activities in the home and is aware of what the child is learning.
 |
| **Values Primary Language****(DLL Parents)****Tell me about the language you use with your child at home.** | * Family prohibits child from using native home language at home or school.
 | * Family discourages child from using native home language in the home.
* Family discourages the child from using the native home language outside the home.
 | * Family inconsistently uses native language.
* Family sends mixed messages to the child about using their home language at school
 | * Family consistently uses native home language.
* Family encourages the child to use native language at school
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| **Rating Scale 1-4** | 1. **Immediate Needs**
 | 1. **Support Needed**
 | 1. **Stable**
 | 1. **Safe /Self Sufficient**
 |
| 1. **Families as Learners**
 |
| **Adult Learning****and****Participates in Setting Goals****Tell me about how you feel about education and the importance of setting short term or long term goals.** | * Family has no life goals at this time.
* Family has no plans of continuing education.
 | * Family has an idea of what they want long term but no plan of how to achieve it.
* At least one member of the family would like to take some classes, but has no plan.
 | * Family has a plan but has not started working towards it.
* At least one member of the family wants to continue their education and has developed a written plan to do so.
 | * Family has a plan and is making steady progress on it.
* Family members have educational plan and are in process of completing that plan.
* Family understands the importance of setting goals that are achievable and the development of written plans.
 |
| **Training** **Educational Opportunities****(GED, ESL, certifications and/or other degrees)****Where are you with your education?** | * Family has no formal education
* Family doesn’t speak English.
* Family has no computer skills and does not have a computer at home.
 | * Family has attended school but doesn’t have a GED or High School diploma.
* Family understands some English.
* Family has no computer skills but has a computer at home.
 | * Family is going to school to obtain the GED/High School Diploma.
* Family understands and speak some English
* Family limited computer skills.
 | * Family has a GED/High School diploma or higher education
* Family is fluent in 2 or more languages.
* Family is computer literate.
 |
| **Partners with Teachers****Tell me about your teacher’s report of your child’s progress.** | * Family is not interested in understanding assessment data to support school readiness.
* The family refuses parent conferences of or home visits to discuss their child’s progress.
 | * Family does not understand child assessment data and progress to support school readiness.
* Family cannot articulate the assessment data or child development process.
 | * Family has some understanding of child assessment data and progress to support school readiness.
* Family can describe a few elements of the child assessment system.
 | * Family understands child assessment data and progress to support school readiness.
* The family can describe the connection between the assessment and what we are planning for their child.
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| **Rating Scale 1-4** | 1. **Immediate Needs**
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 | 1. **Safe /Self Sufficient**
 |
| 1. **Family Engagement in Transitions**
 |
| **Understand Parent’s Role in their child’s Transition to Kindergarten****How do you prepare your child for Kindergarten?****(If Applicable)** | * Family does not understand their role in their child’s transition to kindergarten.
 | * Family does not understand their role in their child’s transition to kindergarten and would like to have additional information.
 | * Family has some understanding of their role in their child’s transition to kindergarten and would like to have additional information.
 | * Family understands their role in their child’s transition to kindergarten and knows how to support their child.
 |
| **Transition needs of Children****How do you prepare your child for school changes? (e.g. Home to Early Head Start)**  | * Family is unaware of the transition needs of their child and their role. Family is not interested in learning.
 | * Family is unaware of the transition needs of their child and their role. Family is interested in learning.
 | * Family is aware of the transition needs of their child and their role. Family would like to learn how to support their child.
 | * Family is aware of the transition needs of their child and their role. Family supports their child.
 |
| **Knowledge of Rights under** **IDEA** **Tell me about your understanding and knowledge about IDEA.** | * Family does not have an understanding and knowledge of their rights under IDEA.
 | * Family does not have understanding and knowledge of their rights under IDEA.
 | * Family has some understanding and knowledge of their rights under IDEA.
 | * Family understands knowledge of their rights under IDEA.
* Head Start has provided timely referrals to family and has received evaluation and is currently receiving disability related services.
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| **Rating Scale 1-4** | 1. **Immediate Needs**
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 | 1. **Safe /Self Sufficient**
 |
| 1. **Family Connections to Peers and Community**
 |
| **Connect with Other Parents, Families****Tell me who you go out to for support.** | * Family has no support or connection with other parents and families nor any knowledge of community resources.
 | * Family has no support or connection with other parents and families. Family has limited knowledge on community resources.
 | * Family has some support or connection with other parents and families. Family has limited knowledge on community resources.
 | * Family has support or connection with other parents and families. Family knows how to access community resources.
 |
| **Values Relationships****Sense of Empowerment****Tell me about your understanding about the importance of strong relationships with peers.** | * Family does not understand the importance of relationships and how they relate to a sense of empowerment or self-esteem.
 | * Family has the desire to enhance their relationships but still needs some support/skill building to make it happen.
 | * The family has some healthy relationships that help give them a sense of empowerment in the community and with peers.
 | * The family has a strong sense of empowerment and has formed several healthy relationships within their peer groups and the community.
 |
| **Engages in problem solving –decision making with staff and other families****How do your participate in the decisions within your program?** | * The family does not participate with the program in any capacity.
 | * The family has participated in a few meetings but has not been an active participant in making decisions or problem solving.
 | * The family attends parent meetings on a regular basis and is involved in decision making and problem solving.
 | * The family takes the lead in making decisions and problem solving with other families and staff.
 |
| **Role as Volunteer****Tell me about your volunteer experiences, including volunteering in your child’s classroom/FCCH** | * Family has no interest in volunteering in the classroom/FCCH or community.
 | * Family has expressed some interest in volunteering in the classroom /FCCH or community.
 | * Family has volunteered a few times in the classroom /FCCH or in the community.
 | * Family is an active volunteer in the classroom/FCCH and community and encourages others to participate.
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| **Rating Scale 1-4** | 1. **Immediate Needs**
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 | 1. **Safe /Self Sufficient**
 |
| 1. **Families as Advocates as Leaders**
 |
| **Engages in Leadership / or Advocacy Activities** **( e.g. parent committee, policy council)****Tell me about your previous or current leadership experiences.** | * Family does not want to be involved in any leadership/advocacy roles.
* Family has no knowledge of how to become involved in parent to parent organizations and demonstrate no interest.
 | * Family would like more ideas on how to be involved in a leadership/

advocacy role.* Family does not know how to identify their strengths as leaders/advocates and use them in the program and the community
* Family is not aware of how to become involved in parent to parent organizations
 | * Family is sometimes involved in a leadership/

advocacy role.* Family takes very few opportunities to identify their strengths as leaders/advocates and use them in the program and the community
* Family is somewhat involved in parent to parent organizations.
 | * Family is consistently involved in a leadership/advocacy role.
* Parent has many opportunities to identify their strengths as leaders /advocates and use them in the program and the community
* Parent is highly involved in parent to parent organizations.
 |
| **Advocates in** **Community****Organizations/****Schools****Tell me about your involvement in your community.** | * Family is never involved in Community organizations or other K-12 parent groups.
* Family does not know how they can participate in their child’s school functions.
 | * Family is very seldom involved in Community organizations or other K-12 parent groups
* Family has very little understanding of how to get involved in their child’s school activities.
 | * Parent is sometimes involved in Community organizations or other K-12 parent groups.
* Sometime participates in their child’s school functions.
 | * Family is very involved in Community organizations or other K-12 parent groups.
* Family takes a lead role within community organizations and participates in many school functions.
 |