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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** | 1. **Support Needed** | 1. **Stable** | 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** | 1. **Support Needed** | 1. **Stable** | 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** | 1. **Support Needed** | 1. **Stable** | 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. |