Caterpillar Learning Child Care
Child Health and Family Needs Assessment

Child Name: _____   Parents Name: _____

Ö = **Interested in Services/Information on:**

	Details of Services Needed	**Information/Referral Provided**
Child Health Needs:		
Pediatrician	_____	_____
Vision screen	_____	_____
Hearing screen	_____	_____
Dental screen	_____	_____
Child Development Concerns:		
Speech Delay	_____	_____
Developmental Delay	_____	_____
Family Crisis Needs:		
Housing	_____	_____
Utility Assistance	_____	_____
Food/Food Stamps	_____	_____
Clothing	_____	_____
Family Concerns:		
Domestic Violence	_____	_____
Substance Abuse	_____	_____
Health Care Child/Adult	_____	_____

_____ _____   _____ _____
Parent Signature   Date   Staff Signature   Date