

WEEKLY FAMILY SERVICES SNAPSHOT
 STAFF NAME _____
 WEEK: _____

	Family 1	Family 2	Family 3	Family 4	Family 5	Family 6	Family 7	Family 8	Family 9	Family 10	Family 11	Family 12
No contact with child or family this week												
# home visits completed												
% home visit time on child development												
% home visit time on parenting												
% home visit time on family needs												
# days child attended EHS center												
# days child attended partner center												
Child attended an EHS parent-child group activity with primary caregiver												
Primary caregiver attended...												
Prenatal education session												
Parenting education session												
Other parent training												
Child received...												
A developmental screening or assessment?												
A health screening (vision, hearing dental, other)?												
On-site services from a program partner (such as immunizations, health care)?												
Any referrals made to...	C	O	C	O								
Health care provider?												
Prenatal care provider?												
Mental health care provider?												
Disabilities services provider?												
Part C?												
Child care partner?												
Other child care provider?												
Other community service provider (such as ESL, job training, housing assistance provider)?												
Family experienced change in...												
Primary home visitor												
Child's teacher/classroom												
Family service worker												

C = Child O = Other family member