

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