Southern New Hampshire Services, Inc.

Head Start Program

MSW Intern Needs Assessment Form-Directions

**Prepare for the Interview**

Have MSW Intern Needs Assessment Form, Consent for Social Work Intern Services.

Review file for names

Visit classroom that the child attends

Review referral with Family Worker

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Establish a relationship**

Introduce yourself

Thank the family for meeting with you

Let them know your understanding of why you are there (family worker referred for . . .)

Share an observation

**If any of the questions arise during the discussion you can check if these are concerns for the family.**

**Begin interview**

What are your concerns? Tell me about your concerns. What made you want to meet today?

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| --- |
| Current concerns: |

**Family.**

Who is in the family? (Fill out as much as you can prior to meeting and confirm the information)

|  |  |  |  |
| --- | --- | --- | --- |
| Child Name |  | Date of Birth |  |
| Caregiver(s) Name(s) |  |
| Other Adults in home |  |
|  |
| Other Children in home |  |
|  |  |

**Relationships.**

How are these relationships working? Do you have safety concerns in your relationship?

What are your favorite things about your children? What do you enjoy doing most with your children?

Who or what are your other supports? Where else are you seeking assistance?

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| Relationships:\_\_\_ Spouse/Partner\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Child’s Mental Health.**

Do you have concerns about your mental health or your child’s social emotional development?

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| --- |
| Child’s Mental Health History:\_\_\_ Is receiving mental health services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has a current diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Takes medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Family Mental Health.**

Ask permission to ask about family and other family member’s mental health.

Have you or your child been diagnosed with or received treatment for a disability and/or mental illness?

Have you ever been to counseling? Is it something you’re interested in doing again?

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| --- |
| Family Mental Health History:\_\_\_ Caregiver with mental health services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Caregiver with mental health diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current or past substance abuse\_\_\_ Other Family member with mental health services or diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Routines.**

Tell me a little about your days. (Morning, meals, sleep, play, potty, etc.)

What times of day are best for your children? Most challenging?

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| --- |
| Routines:\_\_\_ Meals\_\_\_ Sleep\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Parenting.**

What parenting strategies are you using now? How are they working for you?

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| --- |
| Parenting:\_\_\_ Household Rules and Expectations\_\_\_ Play with child(ren)\_\_\_ Co-parenting/Multigenerational parenting\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**End interview**

Do you have any questions or concerns about what we talked about today?

Complete *Consent for Social Work Intern Services* form.

Let the family know the next steps (will call to schedule, will meet in a week, etc.)

Thank the family for meeting.