

Ohio Department of Children and Youth
FAMILY NEEDS SURVEY FOR STEP UP TO QUALITY (SUTQ)

We want to support any needs you or your family may have. THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL
Please circle Y (YES) or N (NO) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN for your child or family. Our goal is to provide resources to support you and your family, based on your answers.

Child's/Children's Name(s):	Caretaker's Name:
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TOPICS

Briefly List CONCERN

Child Development and Education- Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Information on child growth and development.	
Y	N	Guiding and supporting a child's behavior.	
Y	N	Medical or disabilities or possible conditions for any child or adult in the family.	
Y	N	Preparing your child for kindergarten.	

Child and Family Health- Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Health insurance and/or access to regular medical care, dental care, or medications.	
Y	N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.	
Y	N	Counseling for depression, anger, anxiety, or mental health needs.	
Y	N	Support with alcohol, drug, or addiction problems.	

Financial and Household Supports- Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Help paying for child care.	
Y	N	Help finding housing or safe housing.	
Y	N	Help with food expenses.	

Y	N	Finding household items such as furniture, clothing, or school supplies.	
Y	N	Access to transportation or transportation expenses.	
Y	N	Do you have internet at home?	
Y	N	Do you have access to a device to use the internet?	
		How does your student get to and from school?	BUS CAR OTHER

Are there other needs you or your family have that are not listed above:

Family Arrangements - Who is in your child's immediate family? Please mark who lives in the household with your student.
Do you have any pets at home? If so, what are they and what are their names?
What is the primary language spoken in the house?

Are there any cultural or religious practices of your family that we should be aware of? (Clothing, holidays, dietary restrictions, etc.)

List any allergies your student has (food, medication, seasonal, etc.)

List interests your student has (animals, dinosaurs, cars, weather, unicorns, etc.) -

List your student's favorite foods -

List activities your student enjoys -

Is there anything that makes your student anxious? If so, how do you calm them?

Parent Signature

Date:

Administrator or Designee Signature:

Date: