Lakeland COMMUNITY COLLEGE

Teaching Learning Center/Campus Kids
Family Needs Assessment

(Required for Ohio Step Up To Quality)

We would like to support your family's needs and concerns. INFORMATION PROVIDED IS KEPT CONFIDENTIAL .

Part 1 of 4: Family Information			
Parent/Guardian:		Parent/Guardian:	
Child 1:	Child 2:	Child 3:	Child 4:

Part 2 of 4: No Needs - Decline to Participate - Please also sign the bottom (skip to "Part 4")	
☐ Our family does NOT have any needs/concerns at this time.	☐ We do not wish to participate in the Family Needs Assessment.

Part 3 of 4: Family Needs - Do you have a need for resources or support in any of the following areas? (Check all that apply)

Child Development & Education Needs	Child & Family Health Needs	Financial & Household Support Needs
☐ Child Growth & Development ☐ Guiding/Supporting Child Behaviors ☐ Medical/Physical disability or condition	☐ Health insurance and/or access to regular medical/dental care or medications ☐ Medical/Health supplies or supports ☐ Accessing immunizations ☐ Finding a healthcare provider or specialist ☐ Mental health, anger, anxiety, depression concerns ☐ Drug/alcohol/addiction concerns	☐ Childcare Assistance ☐ Housing Assistance ☐ Food Assistance ☐ Household Items ☐ Transportation Assistance ☐ Work or Job Training ☐ School- College/GED/Certificate

Does your family need support/services for a topic that is not listed above? (Circle one) YES NO
If yes, please explain:

If provided with Resource/Referral, were your needs met? (Circle one) YES NO

Part 4 of 4: Parent/Guardian Signature:		**Date:**
Resources Provided: (Office Use Only)	Referrals Provided: (Office Use Only)	Follow Up: (Office Use Only)
TLC Staff Sign & Date:	TLC Staff Sign & Date:	TLC Staff Sign & Date: