

## FAMILY CONCERNS

FINANCES	MEDICAL / HEALTH	ACCESS / ENVIRONMENT	PSYCHOSOCIAL	SCHOOL / EDUCATION	COMMUNITY RESOURCES
<input type="checkbox"/> No Concerns  <input type="checkbox"/> SSI <input type="checkbox"/> Disability services <input type="checkbox"/> Health insurance coverage <input type="checkbox"/> Medical expenses after insurance <input type="checkbox"/> Household expenses covered <input type="checkbox"/> Food/clothing <input type="checkbox"/> Fuel/utilities <input type="checkbox"/> Housing <input type="checkbox"/> Respite expenses <input type="checkbox"/> Other _____	<input type="checkbox"/> No Concerns  <input type="checkbox"/> Access to Primary Care Physician <input type="checkbox"/> Access to dental care <input type="checkbox"/> Access to specialty care for condition <input type="checkbox"/> Communication with professionals <input type="checkbox"/> Coordination between providers <input type="checkbox"/> Health information <input type="checkbox"/> Medication use and side effects <input type="checkbox"/> Growth & development <input type="checkbox"/> Nutrition & feeding <input type="checkbox"/> Other _____	<input type="checkbox"/> No Concerns  <input type="checkbox"/> Adaptive equipment such as feeding utensils, lifts, prone stander, walker <input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Motorized wheelchair <input type="checkbox"/> Home modifications such as wheelchair ramps, doors <input type="checkbox"/> Transportation <input type="checkbox"/> Augmentative communication device <input type="checkbox"/> Computer <input type="checkbox"/> Other _____	<input type="checkbox"/> No Concerns  <input type="checkbox"/> Child behavior <input type="checkbox"/> Peer interactions <input type="checkbox"/> Emotional support <input type="checkbox"/> Parent/family support <input type="checkbox"/> Sibling support <input type="checkbox"/> Other _____	<input type="checkbox"/> No Concerns  <input type="checkbox"/> Early Intervention <input type="checkbox"/> Special education <input type="checkbox"/> Tutoring <input type="checkbox"/> Voc. rehabilitation <input type="checkbox"/> Physical therapy <input type="checkbox"/> Speech therapy <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Assistance teaching providers about health <input type="checkbox"/> Support with IFSP/IEP Process <input type="checkbox"/> Support for transition process <input type="checkbox"/> Other _____	<input type="checkbox"/> No Concerns  <input type="checkbox"/> Recreation / social interactions <input type="checkbox"/> Child care <input type="checkbox"/> Job training <input type="checkbox"/> Legal services <input type="checkbox"/> Summer/day camps <input type="checkbox"/> Respite <input type="checkbox"/> Other _____

**over → Parent Summary**