**A logo with a flower

Description automatically generatedFamily Engagement & Youth History Assessment**

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| Date of Assessment |  | Name of Family Member | |  | |
| Family Member Phone # |  | Family Member email | |  | |
| Family Member was emailed/ printed a copy of our Parent Handbook? | | | Printed Copy | | Emailed Copy |
| Case Manager was emailed / printed a copy of this Assessment | | | Printed Copy | | Emailed Copy |
| Family was given a copy of the Treatment Plan | | | Printed Copy | | Emailed Copy |

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| How are you feeling about your daughter being at the Daisy Center? What Questions do you have for us about our program? |
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| How can we support your family? *(such as family celebrations, cultural activities, language barriers?) Do you have any family celebrations coming up that we need to help coordinate passes for event?* |
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| What are your family strengths? What does your family do for fun? |
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| What problem areas/ risk factors do you feel your daughter needs to focus on? *(self-injury, aggression, running away, drug usage, et.)* |
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| What trauma has your family experienced & what interventions work to help De-escalate the situation? (room time, shower, music, talking, journal, calling a support person, coloring) |
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| If your daughter has problems with emotional regulation, what are some of the warning signs we need to look out for to de-escalate her prior to a crisis? *(behaviors she shows when she is stressed such as sweating, breathing hard, loud voice, swearing, crying, et. Add input to Treatment plan/ safety plan* ) |
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| The Daisy Center completes an Assessment and Treatment Plan- (go over our assessment with parent) would you like to add any information to our Treatment plan or do you have anything you would like to add to the treatment plan goals or family history? |
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