

Assessment Topics and Suggested Questions

Questions 1 & 9-18 = Pregnancy to Employment Pathway Partial Assessment Questions

	Assessment Topic	Considerations	Strength-based Questions
1	Household Composition	Primary language, household members & relationships, adult dependent care (from whom, where and how provided), resources and family support.	Who lives with you? Where do your nearest relatives live? Who are the friends or family you can depend on the most? Do you take care of anyone in your home? (If homeless) Where did you sleep last night? Does the other parent live with you?
2	Housing	Current situation, stability, utilities, energy assistance, community resources/services, household needs, AREN and family support.	How is your housing situation right now? Have you been able to pay rent and utilities? How does your landlord respond to concerns? What can you tell me about your neighborhood? Have you ever used community resources to help pay for your electric bills or rent? Are you behind in any bills right now?
3	Transportation	Type(s), back-up/alternatives, license/insurance/registration/tabs/ fines, problems/repairs needed, safety belts/seats and family support.	How do you get around for everyday activities? What do you do if that's not available? Do you have access to a car? Do you live near a bus line? Are your kids still small and need to use car seats? (Remember to offer any available community resources for car seat testing and installation assistance) If you needed to drive to a job, would you need to renew your license, car tabs, or insurance?
4	Family Resources	Family support, friends, community, church, emergency contacts, tribal/cultural affiliations, recreational activities, food/clothing, money management skills.	Tell me about your family rituals, holiday celebrations, or family meals. If there in an emergency, can we contact someone who you are close to? Tell me about your community contacts from school, church, work or friendships. Can you count on your family to help you out if you get in a bind? What is your favorite hobby or recreational activity? How do you keep track of your money and bills? Who do you go to when you need emotional support-positive feedback?
5	Employment	Work history, reason job ended, job skills/training, career goals, strengths	What kind of work or volunteer or informal work have you done? Why did those jobs end?

		and challenges, previous ESD/WF/CJ participation, volunteer activities.	How long were you working in that job? What kind of work would you like to do? (Or, if you could wave a magic wand, what would you choose to do?) What is it you like about it? Have you ever done this kind of work before? What would it take for you to get into that field? Do you have a resume?
6	Legal	Citizenship, driver's license, traffic tickets, alcohol/drugs, CPS, custody, eviction, credit/bankruptcy, upcoming court dates, current probation/parole, convictions that may affect work.	Do you have citizenship papers or a work permit? Do you have any legal history that affects what jobs you can accept? Do you have any court dates you will need to attend within the next 6 months? Tell me about any legal concerns that you haven't been able to resolve yet. If an employer wanted you to take a drug test today, do you think you would pass?
7	Other Agencies	DSHS, Head Start, Community College, Health Dep't, Tribal, Other, contact name/phone and amount of participation.	What other DSHS divisions are you working with? Have you been taking any college or vocational training? Are there any other community or government agencies providing you benefits or services? Do you use food banks, WIC, shelters, or other agencies that provide a service to you and your family? Do you have any nurses or programs that come to your home for visits?
8	Adult General Health	Diagnosis, medication, treatments (past/present), dental/hearing/vision, activities of daily living, medical records, limitations/duration, past or current SSI, effects on employment.	Tell me about your health; do you have any health conditions that affect everyday activities? Are you currently under a doctor's care for this? Do you have any medical records showing that this medical condition limits your activities? Do you have any untreated medical conditions? How have you managed to overcome these adversities?
9	Pregnancy	Current situation, high risk factors, estimated date of delivery, physician, last and next visit, intended pregnancy, father involvement.	How is your pregnancy going (or) how did it go? Who helps you now that you are pregnant (or have delivered)? Was this a planned pregnancy? Who is your OB/GYN/Doctor? Contact information? How do you like your doctor? When do you see the doctor next?

			Does the O/P attend appointments with you?
10	Family Planning	Current/past methods, pregnancy, future birth control method, plan for family size, health insurance, family planning nurse resources, STDs.	How satisfied are you with your birth control methods? Have you tried any other methods? Which method do you prefer? Do you have any trouble obtaining birth control supplies? Do you want to have more children?
11	Adult Mental Health	Depression, anxiety disorder, other dx/do, suicidal thoughts, current or past treatment/diagnosis/hospitalization, medication, counselor/therapist or physician/provider, abuse history.	How do you feel about being on TANF? Do you ever feel discouraged or depressed? If yes, on a scale of 1-10, how depressed are you? Were there times where you felt better or more hopeful? When? What was going on? What kind of counselors have you seen in the past? (Did they prescribe medication? What kind?) How were you able to cope with these problems? Have you ever attempted suicide? Do you have any suicidal thoughts now? Have you ever been hospitalized for suicide attempts in the past? Are there any medications you have been prescribed but you chose not to take?
12	Children Health/ Children with Special Needs	Child/adult need 24 hour care, available, child/adult care, referrals to PHN necessary or medical provider needed.	Does your child need any special care or medical treatment? Does anyone in your household have any special care needs or medical treatments? How are your children doing in school? Do they have IEPs? Do you ever have to go get them from school for behaviors or medical concerns? How does this affect your ability to work? Has anyone ever helped you look at your special childcare needs or options?
13	Child Welfare	Relationship with child, child's relationships with others (friends/family), behavior, schooling, school supplies,	Tell me about your baby. Is he/she a good sleeper/eater? What do you enjoy most about your baby? What does your child enjoy or like to do? What subjects do they like in school?

		discipline, DCFS/ other agency involvement, custody issues, parenting, legal or NCP support.	How do you handle it when your child misbehaves? How often do you do to the pediatrician? How do you feel about the care there? (for single parents) How often does your child see their other parent? Have you ever had a CPS case? Were you ever in foster care yourself? Have you ever collected child support from the O/P? Do you have shared custody? If you have a custody order, what does it say? Do you both follow it?
14	Family Violence	Control issues, current/past abuse, abuse type (emotional/ physical/sexual), safety, resources.	If this is an issue, how have you coped with it so far? How have you been able to protect your children? What have you done to develop a safety plan in case you need one in the future? Do you have a restraining order? Is the perpetrator the O/P of the child? Are you concerned for your safety in collecting child support? Are you interested in speaking to a specialist in DV to better support you?
15	Substance Abuse	Current status/issues, RX abuse, past/current treatment, effect on employment & relationships (family/friends), legal issues, plan, resources	Are you currently using any drugs or alcohol? Do you know the effects of drugs and alcohol on an unborn child? What was/is your drug of choice? How were you able to maintain the habit? Did using cause you any problems? Have you lost any jobs due to drug, alcohol or marijuana use? Have you ever been in drug/alcohol treatment? Has your use changed since you've become pregnant? What would your friends say about your use? Who have you talked to about it? How have you dealt with legal issues re: substance abuse? Do you smoke cigarettes?

16	Child Care/ Adult Care	Resources, back-up for childcare, childcare options, special needs childcare.	<p>What are your experiences using childcare. Were you satisfied with it?</p> <p>If you wanted to improve it, what would that look like?</p> <p>How do your friends use childcare?</p> <p>Do you watch anyone's children while they are working or in other activities?</p> <p>Do you have family/friends that could help you out if you have to work on a holiday or if your child is sick and cannot go to childcare?</p> <p>Do you have an idea on where your child will attend childcare?</p>
17	Education, Literacy, & Learning	HS graduation, post HS, HS equivalency, years of school, special help received, problems with reading, writing, working with numbers, or processing information.	<p>Tell me about your last year in school?</p> <p>Did you have a favorite teacher / favorite subject?</p> <p>Did you graduate or get a HS equivalency?</p> <p>Tell me about any special skills you have.</p> <p>Where did you learn these things?</p> <p>Were there any subjects where you needed extra help in school? Do you know if you had an IEP?</p> <p>What class was the most difficult for you?</p>

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