Kackaamin
FAMILY DEVELOPMENT CENTRE

Infant & Toddler Assessment

Newborn to 4 Years

Client File Overview:

(This Intake Package is to be completed by the Referral Worker. Please print all responses)

Date of Assessment: _____

Last Name: _____ Male: ☐ Female: ☐

First Name: _____ Known as: _____

Birthdate: Year _____ Month _____ Day _____ Age: _____

Aboriginal Ancestry
Yes ☐ No ☐

Aboriginal Information
_____
(Band Name, Inuit, Métis, Aboriginal Community)

On Reserve
Yes ☐ No ☐

Status Number: _____ Care Card Number: _____
Very important to have both

Home Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Full Name of Parents/Guardians: _____

Who is this child coming to KFDC with?

Mother/Father *(incl. step parents)* ☐ Single Parent ☐ Other Family Members ☐
Foster Parent *(MCFD, USMA)*☐ Foster Parent *(Informal)* ☐ Siblings *(Incl. step and half)* ☐

Emergency Contact: (Please list a person who may be contacted in case of emergency)

Name: _____

Phone: _____ Relationship to Client: _____

Referral Agency: _____
Counsellor's Name: _____
Address: _____
Phone: _____ Cell: _____ Fax: _____
Email: _____

Infant & Toddler Assessment

Newborn to 4 Years

Section 1 of 6: General

1. Who is taking care of this child? _____
   Biological parent _____ Single Parent _____ Other Family Member _____

   Foster Parent *(Informal)* _____ Foster Parent *(USMA, MCFD)* _____

2. What are the family dynamics?
   Parents together _____ Parents Separated _____ Blended family _____

   Step Parent _____ Step Siblings _____ Multiple families _____

Section 2 of 6: *Trauma related history assessment (completed with parent or guardian)*

1. Has your child had a history of violent behavior? Yes ☐ No ☐
   If yes, please explain: (offender/victim, when, circumstances, dates, etc.) _____
   _____
   _____
   _____
   _____

2. Has this child experienced any type of trauma?

   ☐ Physical Abuse Date: _____ if yes, please explain: _____
   ☐ Sexual Abuse Date: _____ if yes, please explain: _____
   ☐ Emotional Abuse Date: _____ if yes, please explain: _____
   ☐ Verbal Abuse Date: _____ if yes, please explain: _____
   ☐ Educational Abuse Date: _____ if yes, please explain: _____
   ☐ Spiritual Abuse Date: _____ if yes, please explain: _____
   ☐ Domestic Violence Date: _____ if yes, please explain: _____
   ☐ Car Accident Date: _____ if yes, please explain: _____
   ☐ Fire Date: _____ if yes, please explain: _____
   ☐ Grief and Loss Date: _____ if yes, please explain: _____
   ☐ Other Date: _____ if yes, please explain: _____

Client's Name: _____

3. Are any of the above a concern while at KFDC? Yes ☐ No ☐

_____
_____
_____
_____

4. Has your child experienced the loss of a relative or close friend? Yes ☐ No ☐
   If yes, how did this child know this person? _____

5. How did the loss occur?
   ☐ Natural Causes ☐ Disease (i.e. cancer) ☐ Suicide ☐ Abandonment
   ☐ Apprehension ☐ Violent/Accidental Death ☐ Arrest ☐ Substance misuse related

6. What other losses has this child experienced?
   _____
   (e.g. Family pet, move, friend moving, etc.)

7. Has your child received counselling as a result of any of these experiences: Yes ☐ No ☐
   Explain: _____

8. Was the counselling beneficial to your child? Yes ☐ No ☐
   If yes, please explain: _____
   _____
   _____

9. Do you have any concerns of issues you wished addressed with your child while you are at KFDC? _____
   _____
   _____

Client's Name: _____

Section 3 of 6: *Behavioural assessment (completed with parent or guardian)*

Please check any of the following behaviours that you have observed

1. Emotional

☐ Kind	☐ Loving	☐ Patient	☐ Joyful
☐ Loyal	☐ Courageous	☐ Generous	☐ Trustworthy
☐ Depressed/Sad	☐ Lacking Confidence	☐ Mood Swings	☐ Shy/Quiet
☐ Low self-esteem	☐ No emotion	☐Anxious/Fearful	☐ Angry/Disruptive

2. Physical

☐ Gentle	☐ Kind	☐ Healthy	☐ Active
☐ Orderly	☐ Peaceful	☐ Respectful	☐ Enthusiastic
☐ Fighting/Bullying	☐ Cruel to Animals	☐ Gastrointestinal	☐ Frequent Illness
☐Secretive	☐ Toileting Issues	☐ Eczema	☐ Other

3. Dietary

☐ Good eating habits	☐ Poor eating habits	☐ Consumes lots of sugar
☐ Vomiting/Appetite Problems	☐ Eating too much	☐ Eating too little

4. Sleeping patterns

☐ Excellent Sleep	☐ Moderate Sleep	☐ Very little Sleep	☐ Trouble going to sleep
☐ Nightmares	☐ Restlessness	☐ Night time vigilance	☐ Bedwetting

5. Is the Child being returned to the parents to come to KFDC? Yes ☐ No ☐

   Explain: _____

6. How would you describe your parenting style?

   Explain: _____

   _____

Client's Name: _____

Section 4 of 6: Social

1. Has your child had previous experience away from home? Yes ☐ No ☐
   Explain: _____
2. Is he/she comfortable with others? Yes ☐ No ☐
   Explain: _____
3. Do you breast feed your child? Yes ☐ No ☐
4. Is he/she on formula or are you providing both formula and breast feeding?
   Yes ☐ No ☐ Both ☐

Client's Name: _____

Section 5 of 6: *Consent to attend treatment*

I give (Youth's Name, PLEASE PRINT _____ permission to attend Kackaamin Family Development Centre.

_____ _____

Parent/Guardian Signature *Date*

_____ _____

Referral Worker's Signature *Date*

Section 6 of 6: *Consent to release Confidential Information*

I (parent) _____ hereby request and permit KFDC staff to discuss any and all confidential information and assessments about my child with my referral worker listed below.

Child client's Name: _____

Signature of Parent: _____ **Date:** _____

Referral Worker's Name: _____

Organization/Agency's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact #: _____ Fax #: _____

Email Address: _____

Alternate Contact Person within your organization: _____

(The alternate contact person is for the confirmation or admission process only – the alternate contact will not be included in the release of confidential information prior to, during, or after treatment. The client may change the name of the person that receives the Discharge Summary at any time. It is up to the client to inform their referral worker of that change. ***N.B. this form is only applicable for one year after the date it is signed).***