

Participant Self-Assessment (Entry)

Purpose:

The form is used to find out where the participant is in terms of program needs and support when they first become involved with the Parent Partner Mentoring Process. This form can also be used as an engagement tool for a participant new to the program.

Who completes form?

The form is to be completed by the participant with the support of the Parent Partner.

When is the form to be completed?

- This form should be completed as soon as possible.
- Upon completion of this form it must be entered into the database within 30 days.

What to do with the form?

The Local Coordinator will enter the information into the database and keep the form in a secured locked location once it has been completed.

How is the information used?

- The information will help to understand a participant's current abilities on a number of items related to their individual goals and the goals of the Parent Partner Program.
- This form may be used as a tool to measure the participant's progress during the Parent Partner Mentoring Process.

Where is this information kept after the participant is no longer involved?

This information remains in a secured locked location for ten years following a participant's exiting the program, and then this form is destroyed.

Parent Partner Program Self-Assessment (Entry)

This form is to be completed by the participant with the support of the Parent Partner upon entry to the Parent Partner Program. Ask the participant to use the scale at the top of the table to assess their current level for each item.

Mark the number that corresponds to the participant's current self-assessment for each scale item in the far right column.

Participant being mentored:	FACS ID#:
Parent Partner:	Date:

Using the scale below, mark the number in the far right column to indicate the participant's assessment on each item.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
				Entry Assessment
1. I am able to find the community resources I need to keep my child(ren) safe.				
2. I am able to complete the steps necessary to get the community resources I need.				
3. I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.				
4. I am able to make the appropriate decisions for myself and my family.				
5. I have others who will listen when I need to talk about my problems.				
6. I have others who will support positive choices and changes I make.				
7. I talk reasonably and honestly with others about my situation and problems.				
8. If there is a crisis in my life, I have someone I can talk to.				
9. I am able to effectively speak up for myself and my family to HHS and other service providers.				
10. I am able to listen to HHS and other service providers and understand their concerns with my situation.				
11. I feel comfortable when talking with my HHS worker or other service providers.				

Using the scale below, please mark the box that best describes your current relationship with your HHS worker.

<input type="checkbox"/> Very negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral	<input type="checkbox"/> Positive	<input type="checkbox"/> Very positive
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Please use the space below to provide any additional comments regarding any of the statements above.