



SOCIAL/EMOTIONAL DEVELOPMENTAL/ WELL BEING SCREENING PRELIMINARY QUESTIONS

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION
SFN 107 (8-2006)

Purpose: To assist the staff from the various systems in discovering if the family has had prior mental health screening(s) or involvement in mental health services. (If additional space is needed for comments, please see last page.)

1. Are you or have you worked with someone at the County in programs and services such as: TANF, WIC Food Stamps, Medical Assistance, Medicaid/Health Tracks, Child Protection Services, Case Management, Wraparound, Foster Care?

Comments:

2. Have you or a family member ever talked with someone about your feelings in a hospital setting, emergency room, psychiatric unit?

Comments:

3. Have you or a family member ever talked with a public health nurse?

Comments:

4. Do you have a family doctor or medical clinic you go to for services?

Comments:

5. Have you or a family member ever had services at the Human Service Center?

Comments:

6. Has anyone come to your home to talk about your child's development?

Comments:

7. Have you or a family member ever talked with a psychiatrist or psychologist?

Comments:

8. Has a family member ever been involved with Juvenile Justice system or have been to Juvenile Court?

Comments:

9. Has your child ever had a developmental screening?

Comments:

10. Has anyone asked you questions about your child's behavior: attention span, acting out, temper tantrums?

Comments:

11. Has/is your child ever been in an Early Head Start and/or Head Start program?

Comments:

12. Have you ever attended any parenting classes in the community?

Comments:

13. Have you ever worked with a developmental disabilities case manager or infant development program or Right Track?

Comments:

14. Have you ever been homeless?

Comments:

15. Have you ever been involved with the Mental Health Association?

Comments:

16. Have you ever been involved with the Federation of Families or other parent advocacy groups?

Comments:

17. Has/is your child receiving special help in school?

Comments:

Please use this space for additional comments.