

GSRP/Head Start/Early Head Start Child & Family Priority Sheet

Answer all the following questions by placing an X in the Yes or No Box	Yes	No
1. Low family income (See Early Childhood Application)		
Is income unreliable or do parents experience stress related to the loss of income?		
Is either parent unemployed or underemployed?		
2. Diagnosed disability or identified developmental delay		
Does this child have a referral or diagnosis from a physical or mental health system or provider, or other early childhood program? Please Describe:		
Does this child have a Special Education referral with developmental concerns noted, but not eligible for services?		
Does this child have an Individualized Education Plan (IEP) from the school district or an Individualized Family Service Plan (IFSP) from Early on? Please share diagnosis:		
3. Severe or challenging behavior		
Has this child been expelled from preschool/childcare due to severe or challenging behavior?		
Does this child or anyone else in the home demonstrate intense anger or aggression, physically hurting others or damaging property when angry?		
Has this family participated in family counseling or any other program to help manage your child's behavior?		
4. Primary home language		
Is this child entering school not able to speak English and must learn the language?		
Are there other languages spoken at home? Specify:		
5. Parent/Guardian with low educational attainment		
Did either parent drop out of school, struggle, or attend special education classes in school?		
Does either parent have trouble reading to your child?		
Is either parent disabled?		
6. Physical/sexual abuse/neglect of child or parent/substance abuse/addiction		
Is, or has this child been abused physically or sexually?		
Is, or has there been domestic or spousal abuse of a parent or sibling?		
Has this child been removed from home for neglect or has a parent been charged with neglect?		
Has there been abuse of alcohol, prescription, or non-prescription drugs by family members who live in the home?		
Is a parent an adult child of an alcoholic?		
7. Environmental risk		
Is this child in foster care or a ward of the court?		
Has this child lost a parent due to separation, divorce, jail or prison sentence, or absence?		
Has this child lost a parent or sibling due to death?		
Is this child living with a relative or person other than the biological parent(s)?		
Does this child have a parent who is currently away due to active military service?		
Is this a single parent family?		
Does this child or other family member in the home suffer from mental illness? (i.e., Bipolar Mania, Schizophrenia, Clinical Depression, Personality Disorder, etc.)		
Does this child or other family members in the home suffer from chronic illness or life-threatening disease? (i.e., asthma, allergies, chronic ear infections, vision or hearing problems, weight or growth concerns, cancer, dialysis, heart failure, seizure, sickle cell anemia, etc.) Other:		
Was this child born to a teenage parent; or into a family with 3 or more children under age 5?		
Is this child's home/neighborhood unsafe due to crowding, crime, lack of utilities or safe spaces to play?		
Was the child exposed to toxic substances (pre or postnatal) known to cause learning or developmental delays; such as Fetal Alcohol Syndrome, drugs, or exposure to lead?		
Is the family without a fixed, regular, and adequate nighttime residence? (Does not have a consistent place to live, home is in foreclosure, stays with another family because there are no other options, or moved 3 or more times in the past year)? (Separate form required)		
Does your family struggle with finding reliable childcare or experience other childcare issues? (Please explain)		
Does your family lack reliable transportation?		

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This section is for Early Head Start (EHS) families ONLY: Pregnancy through Age 2

Additional EHS Only Risk Factors: Place an X in the Yes or No Box, including additional information as requested.	Yes	No
Mother is currently pregnant		
There is/was a lack of consistent prenatal care with this child, or this pregnancy.		
There are/were health care issues with this child, or this pregnancy. (Please explain)		
The child was born with low birth weight. (Under 5 lbs. 8 oz)		
There were birth complications. (Please explain)		
This was a premature birth, prior to 37 weeks of gestation. How many weeks early?		
This is a first-time parent.		
Well child checks have been inconsistent, or immunizations are not up to date.		
This child has a suspected medical condition. (Please explain)		
(3) No previous EHS services have been used, or services were for less than 1 year		
(2) Prior EHS services were used for 1, up to 2 years		
(1) Prior EHS services were used for 2, up to 3 years		

I certify that all the information provided in this application is true to the best of my knowledge and hereby release this information to be shared with Delta-Schoolcraft School Readiness Advisory Committee and the member agencies that serve children and families.

Parent/Guardian Signature

Date

Staff person Signature

Date

FOR ADMINISTRATIVE USE ONLY:

- ____ (3) EHS/HS income eligibility (0-100%)
- ____ (2) Automatic HS/GSRP- Foster, SSI, TANF, SNAP, Homeless
- ____ (1) EHS/HS 101-130%
- ____ (top priority) Child of current staff member

Total: _____