

Person completing this worksheet

(name of guidance counsellor)

First call or follow-up call

Date of call

(day) (month) (year)

Part A. Basic family information

Caregiver information

Name (of primary caregiver)

Kinship

Mother
 Father
 Other, which? _____
(grandparent, sibling, aunt/uncle)

Age

Marital status

Current occupation

Home address

Telephone

Email

Complete only if the primary caregiver is someone other than the mother or father

Mother's age

Father's age

Information on children under six years old living in the household

Number of 0-6 year old children living in the household

	Name of each child (0-6)	Age		Date of birth			Sex	
		Years	Months	day	month	year	Boy	Girl
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
#4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

Are there any disabled children in the household? No Yes, Which? Who? _____
(name of the boy/girl)

Do you have sons/daughters older than 6 years old? No Yes, How many? _____

Are there other adults that help you to care after the child? No Yes, How many? _____

Name of caregiver 2: **Relationship with the child** **Age**

Name of caregiver 3: **Relationship with the child** **Age**

Other important information: _____

Example: Are you a beneficiary of other social programs?

Part B. Strengths and needs

(i) Guiding questions
Section A, Operational
Tool # 1

(ii) Did you identify any
risk factor(s)? Which?

(iii) Follow-up questions
and answers

(iv) Positive practices

<p>1. How is the caregiver doing?</p>			
<p>2. How is the child doing?</p>			
<p>3. Main parenting difficultie</p>			
<p>4. Relaxing and fun activities you carried out with the child</p>			

Part C. Defining the guidance profile

Which guidance profile did you define? Profile 1 Profile 2 Profile 3 Profile 4

Did you detect any risks? No Yes, specify which: _____

Risk factors detected

Part D. Implementing the 5Rs Model

Contents addressed during the call

1. Regulate

2. Recognize

3. Remember

4. Respond

5. Reinforce

Part E. Work plan and commitments

(i) Which recommendations did you find most useful? _____

(ii) Work plan or commitments _____

Did you agree on a follow-up call ? No Yes. Date of follow-up call : (day) (month) (year)