Lii Michif Otipemisiwak
Family and Community Services

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Michif Supported Child Development

Family Intake for MSCD Services
Seven to Twelve Years

Michif Supported Child Development Program

This document is a snapshot of a slice in time in this family's life and does not necessarily reflect them at the time of reading, nor does it dictate the family they will become. Thank you for sharing this moment of your story with us.

SECTION 1 – FAMILY INFORMATION

Child/Youth information:

Child's Name/Pronoun:	**Date of Birth:**
PHN #	**Allergies:**
School attending/Grade:	**Other:**
Siblings and ages:	

Family Information:

Mother's (Maamaa) Name/Pronoun:	**Father's (Paapaa) Name/Pronoun:**
Caregiver(s):	**Address(es):**
Phone:	**Phone:**
Email:	**Email:**
Other:	
Where does the Child/Youth Currently Reside:	
Name:	**Relationship:**
Phone:	**Other:**
Email:	

Michif Supported Child Development Program

Date of Referral:
Referred by (clearly print full name)**:**
Existing Open File: **CS** **FS** **RE** **ECD only** **CYMH only**
Case Manager: (clearly print full name):
ECD Screening attached: Y/N
Assessment attached or completed on this form: Y/N
Safety Planning Worksheet attached: Y/N

LA PARAANTII

Which people do you identify as your support circle, for yourself, your family, and your children:

LA PARAANTII	
Natural Supports	Community Supports
∞ Name Relationship: Contact:	∞ Name Role: Contact:
∞ Name Relationship: Contact:	∞ Name Role: Contact:
∞ Name Relationship: Contact:	∞ Name Role: Contact:

GENOGRAM FURTHER DEVELOPED FROM SCREENING

SECTION 2 – GENERAL INFORMATION

General Health

1.Tell me about your child/youth's pre and post birth health history? (I.E anything significant such as; birthing or infancy health complications, prenatal exposure, NICU or hospitalizations?).

2.Tell me about what your child/youth's current physical health has been like? Any recent hospitalizations or significant illness?

3.Does your child have a medical or developmental diagnosis? Please explain:

- ❑ Yes
- ❑ No

4. Does your child have a developmental delay with communication, gross motor, fine motor, social or adaptive skills? Please explain:

- ❑ Yes
- ❑ No

5. Is your child taking any medication? If so, fill medication chart below:

- ❑ Yes

6 a. Would the medication need to be taken at school or during community program? *If so, please complete medication administration form.*

- ❑ Yes
- ❑ No

6 b. Does your child take medication independently or are there any challenges with taking medication? Please explain:

- ❑ Yes
- ❑ No

List all Current Medications, Vitamins, Additives and Herbal Supplements (update annually on ECD Facesheet)			
Medication	Dose	Reason or Purpose	Result/Effect

SECTION 3 – INDIVIDUAL SERVICE TEAM MEMBERS:

ROLE	NAME	CONTACT INFO	NOTES
Parent(s)			
Counselor:			
Occupational Therapist/Physiotherapist:			
Speech & Language Therapist:			

School or Daycare: (Name all professionals involved			
Family Doctor/Nurse practitioner:			
Pediatrician:			
Child Psychiatrist:			
Has your child had the following tests or screenings:	Vision:	Hearing:	Dental:
Other:			

LMO Internal care team:

TEAM ROLE	NAME	CONTACT INFO	NOTES

Family History:

Family History – why has child/family been referred to ECD (including any history or past worries)
Why has the family been referred, and what are the identified goals?

SECTION 4 - CHILD DEVELOPMENT AND SUPPORT NEEDS

Routines and Schedule
Mealtimes: Tell us what mealtimes look like for your family. Are there scheduled meals? Does the family eat together? Who does the cooking? What does your child prefer for meals/snacks? Do you have concerns about mealtimes or what your child eats? **Sleep: Describe** what bedtime looks like for your child? How much sleep does your child get through the night? Do you have concerns about how much sleep your child gets? What do you think gets in the way of sleep disruptions for your child? Has your child had a sleep screening/assessment? What controls are put on technology at night? **Daily schedule:** Can you describe your daily schedule in the home? Is your child in school and/or extracurricular activities? Does your child spend time with other people throughout the week? How big of a role does technology play in their daily lives? (iPad/tablet, phone, video games, computers, tv?)
Identity
1. What is your child's biological sex? *(male/female/intersex)* 2. How does your child gender identify? *(male/female/non-binary/transgender/gender neutral/agender/pangender/gender queer/ two-spirit/third gender)* 3. What pronouns does your child prefer? *(she/her; he/his; they/them; ze/hir/zir)* 4. What is your child's sexual orientation? *(LGBTQ2S)*

5. Does your child/youth have an intimate partner?

- ❑ Yes
- ❑ No
- ❑ Unsure

6. Is your child/youth sexually active?

- ❑ Yes
- ❑ No
- ❑ Unsure

Participating with independent practices *Executive Functioning (Cognitive Development)*	❑ Adaptations ❑ Direct Assistance ❑ No concerns ❑ Strategies

Cleaning

- □ Tidy a space (reading corner, playroom) (5-7years old)
- □ Clean a Room (8-11years old)
- □ Develop and maintain a system of organization/cleaning (12-14years old)
- □ Manage Laundry, Keep Dorm/Apartment clean, deep clean at reasonable intervals

Errands

- ☐ Simple: get your shoes from the bathroom (3-4 years)
- ☐ 2-3 step direction put the placement on the table and then get the napkins (5-7 years)
- ☐ With a time delay – to and from school w/out reminders (8-11years)
- ☐ Follow complex school schedule & multiple transitions with teachers and classrooms (12-14 years)
- ☐ Independently plan and follow school/work and leisure activities, drive own car

Self-regulation

- ☐ Inhibit unsafe or inappropriate behaviors (3-4 years)
- ☐ Inhibit behaviors; follow safety rules, use appropriate language (e.g. not swearing or using bathroom language when not appropriate), raise hand before speaking in class, and keep hands to self (5-7 years)
- ☐ Inhibit/self-regulate behaviors maintain composure when teacher is out of the classroom; inhibit temper tantrums and bad manners(8-11 years)
- ☐ Inhibit rule breaking in the absence of visible authority (12-14 years)
- ☐ Avoid reckless or risky behaviors (e.g. use of illegal substances, sexual acting out, shoplifting, or vandalism) (high school on)

Time

- ☐ Understand sequence, past/present/future tense, causality (3-7 years)
- ☐ Independently remember changes in daily schedule including different after school activities (8-11 years)
- ☐ Follow complex school schedule involving multiple transitions with teachers and classrooms (12-14 years)
- ☐ Plan time effectively, including after school activities, homework, family responsibilities (12-14 years)
- ☐ Establish and refine a long-term goal and make plans for meeting that goal; collegiate or other vocational goals. Independently organize leisure time activities, including obtaining employment or pursuing recreational activities during the summer (high school)

Projects/Exams

- ☐ Plan simple projects: e.g. book report: select book, read book, write report (8-11 years)
- ☐ Plan and carry out long-term projects, including tasks to be accomplished and a reasonable timeline to follow (12-14 years)
- ☐ Create, plan and follow timelines for long-term projects, tests, after school activities, family responsibilities
- ☐ Study for tests, create and maintain learned material for midterms/finals (high school)

Papers

- ☐ Bring papers to and from school (5-7 years)

- ☐ Bring papers, books and assignments to and from school (8-11 years) Track belongings when away from home Appropriately use a system for organizing schoolwork (12-14 years and beyond)

Homework

- ☐ Complete -20 min max (5-7 years)
- ☐ Complete – 1 hour max without assistance (8-11 years)
- ☐ Manage schoolwork effectively on a day-to-day basis, including completing and handing in assignments on time – 2 hours (middle through high school)
- ☐ Establish and refine a long-term goal and make plans for meeting that goal; collegiate or other vocational goals (high school)

Work

- ☐ Simple chore – self-care-brush teeth (3-4 years)
- ☐ Simple chore/self-help – make bed, make a bowl of cereal (5-7 years) Chores 10-30 min in duration; set the table, vacuuming (8-11 years)
- ☐ Help out with chores around the home, including both daily responsibilities and occasional tasks that may take 60-90 minutes to complete; emptying dishwasher, raking leaves, shoveling snow etc. (12-14 years)
- ☐ Safely babysit younger siblings (12-14 years)
- ☐ Part time work: house sit, dog walk, mow lawns Independently obtain employment and or work during the summer (late middle and high school)

Money

- ☐ How to spend (5-7 years)
- ☐ Save money for desired objects and plan how to earn money (8-11 years)
- ☐ Save money to meet a financial obligation (college savings/spending money, car payment/insurance, etc.) (middle and high school)

Education

1.Can you explain what your child's experience with school has been like? Strengths and challenges? How does your child show you he/she/they are not coping well at school? What is yours and the school's response to your child's behavior?

2.Have you noticed a change in academic performance in your child over time? Were there any experiences that could have contributed to this change?

3. Does your child have any Learning Challenges? If so, what are they and how is the school supporting.

Check all that applies:

□ Indigenous Education Support
□ IEP
□ School Counseling
□ LAT (Learning Assistance Teacher)
□ SLP
□ OT
□ Psycho-Education assessment: If so when _____
□ District Developmental Resource Room
□ Other:

4.Attending school or learning at grade level is not a concern my child or I have concerns about my child attending school as it is difficult for my child to keep up with academic demand.

1 2 3 4 5
Not concerned…….Worried

Please elaborate:

Body Image

1. My child feels comfortable in their body and feels good about the way they walk in this world. They know what their strengths are, and they feel valued by others around them……My child struggles to see the beauty in themselves or I am worried about the way my child sees themselves.

1 2 3 4 5
Not worried……..Very worried
1a. How would your child describe themselves?

1b. How important is body image to you and what things do you do, that you want your child to see the value in?

1c. Who would you hope your child would look to as an example of good health?

1d. What do you hope your child knows about creating a healthy image?
1e. What do you want your child to know that you wish you knew about healthy body image when you were growing up?

Social/Emotional/Regulation

1.Has your child ever tried, or does your child currently use, any chemical substances? Please list alcohol, tobacco, illegal substances, over-the-counter medications and prescription medications.

2.Has your child ever been in trouble at home, at school or with the law because of substance use? Please explain.

3.How does your child interact with others in social settings?

4.Is your child able to make and keep friendships?

5. What does your child enjoy doing? Favorite hobbies?

6.When your child has done something wrong, and knows that it is wrong, does he/she/they show signs of guilt or remorse?

7.Does your child ever get teased/picked on? What about? How does your child respond?

Family/Connection and Belonging

1.What life has been like for you and your family?

2.What kind of stressors have you been going through?

3.Has your child/youth experienced any significant family losses?

4.Significant events that may have had an impact on your family/child/youth?

5.How many times has your family moved during your child/youth's lifetime? Reasons:

SECTION 5 – HOME VISIT ACTIVITIES AND PRIORITIES

Our family would also like support/information:

- ❑ Scheduling medical, dental, vision, or hearing check-up's
- ❑ Access other services_____
- ❑ Learning about our Michif language and culture

Upcoming LMO groups or community events that may interest our family:

- ❑ Beading circle
- ❑ Buffalo Group
- ❑ Rip Roaring Ravens
- ❑ Afterschool Care
- ❑ Cultural Groups/Activities
- ❑ Children Are Our Medicine
- ❑ Michif Circle of Security Parenting
- ❑ Lii Vii Maykiw Perinatal support
- ❑ Lii Petit Wapososak Breakfast group
- ❑ Infant massage
- ❑ LMO Kitchen Party and Events
- ❑ Michif Elder

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For Consultant Use Only
Michif community connection: Métis citizenship: Y/N Connected to Two Rivers Métis society: Y/N Registered for MNBC family connections: Y/N ***Add family to LMO reception distribution list: Y/N*** ***Add family to LMO Cultural list (Fill out referral to cultural worker): Y/N*** ***Next Steps refer to training binder:*** Piihtikway Honoring Michif Child Development Plan Family Wellness Plan Ongoing monitoring and plan review ICM meetings

	Signature:	**Date:**
MSCD/MIDP Consultant:		
Parent/Guardian		
Michif Director of Early Years:		