

Completion Form for Chapter 1: You and Your Child

Please initial on the line next to the worksheet once you have gone over it with your Family Service Worker. Family Service Workers need to initial on the *second line* that they have gone over the worksheets with a parent. Once the chapter has been completed, sign the line below and your Family Service Worker will keep it in your record.

Active Parenting: the first five years _____ _____

Ages and stages chart _____ _____

Parenting styles: too hard _____ _____

Parenting styles: too soft _____ _____

Parenting styles: just right or active _____ _____

Playing to learn chart _____ _____

Tips for giving good choices _____ _____

Activity: one strength _____ _____

Brain-building activity: follow the lead _____ _____

Parent signature

Printed name

Family Service Worker signature

Printed name