

Completion Form for Chapter 2: Preventing Problems

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.

Your child's brain	_____	_____
Keeping your child safe and sound	_____	_____
Infant safety (if applicable)	_____	_____
Safe home checklist	_____	_____
Playing safe checklist	_____	_____
Finding good childcare	_____	_____
What is discipline?	_____	_____
Listening to what your child needs	_____	_____
Getting your child to come when you call	_____	_____
Beauty of a good rule	_____	_____
Tips for making rules	_____	_____
Making rules worksheet	_____	_____
When-Then rule	_____	_____
When-Then worksheet	_____	_____
ACT method	_____	_____

ACT method tips

ACT method worksheet

Routines worksheet

Importance of sleep

Building the bond

Brain-building activity: freeze dance

Parent signature

Printed name

Family Service Worker signature

Printed name