WYOMING EARLY INTERVENTION AND EDUCATION PROGRAM (EIEP)

TELL US ABOUT YOUR FAMILY

Student Name:	DOB:
Agency:	Date:
What is going well for your child and family right now? (e.g., activities, routines, times of day, relationships)	What is your family concerned or interested in learning more about?
People or supports that are helpful to your family:	What are some activities you enjoy doing with your child and family?
What would you like to see happen for your child and family in the next six months?	What activities or times of day are difficult or stressful for your child and family?