

Westchester Institute for Human Development and
New York Medical College

2013-2014 LEND: FAMILY MENTORSHIP EXPERIENCE

Family Pre-Visit Listening Guide

1. How does the family describe their child's disability, challenges and other special health care needs as well as their child's strengths and successes?
2. Who are the people most involved in their child's life?
3. What does the family view as their most critical issues and concerns for their child and their family?
4. What does the family view as *their* greatest strengths as a family?
5. In what ways has having a child with a disability impacted on their family's life?
6. What are the family's views and experiences with their child attending school and community activities together with other children with and without disabilities?
7. In what ways, if any, have cultural and social issues impacted on the acceptance and inclusion of their child/children with disabilities within their family and community?
8. What are the professional disciplines and/or interdisciplinary teams with which the family has interacted at various stages throughout their child lifespan?
9. How have professionals partnered with the family in advocating to meet the needs of their child and family?
10. What **informal/natural** supports such as extended family, friends, neighbors, members of faith congregations have been most helpful in having the child participate in family, school or community activities?

11. What **formal** supports such as programs, services, resources and service systems have proven most helpful in having the child participate in family, school or community activities?

12. How has the family been involved with community disability organizations or support groups?