

### ACTION PLAN Worksheet (sample)

**Family Name:** \_\_\_\_\_ **Home Visitor:** \_\_\_\_\_

Please check the services you would like to focus on during the next six months.

- Information about babies, what they can do/need, how to teach them
- Preparing my children for school
- Keeping up with my child's immunization and medical care
- Toy lending library
- How to calm a crying baby
- Basic infant care
- Seeing/meeting my baby's needs
- Activities to encourage my baby's (child's) development
- Children's books
- How to teach my children to respect others and learn "right from wrong"
- How to set limits with my children, how to say "no" and stick with it
- Support, someone to talk to
- Disciplining my children
- Assistance in coordinating, getting to and from health care
- Getting out of the house with children
- Building my confidence as a parent
- Domestic violence/family violence
- Depression
- Personal problems
- Family planning, birth control
- Assistance with drug or alcohol problems
- Feeling better about myself
- Referrals to community and medical services, such as:
  - Financial Assistance
  - Medical Assistance
  - Housing Assistance
  - Food Stamps
  - WIC
  - Education (GED, college)
  - Employment
  - Counseling
  - Recreation
  - Respite child care
  - Preschool
  - Head Start/Early Head Start
  - Health care (MD, PHN)
  - Immunizations
  - Reading/literacy
- Couple/relationship problems
- Help in solving family problems
- Transportation
- Learn to manage time, stress or anger
- Managing my household
- Parent support and activity groups and outings
- Community support (church, friends, etc.)