# Family Support Plan

## Early Learning

<table>
<thead>
<tr>
<th>Name of Family: ____________________________________________</th>
<th>Date: ____________________</th>
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<tbody>
<tr>
<td>Name of Teacher and Program: ________________________________</td>
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Choose strategies from each of the four categories that will meet the social, emotional, and physical needs of the family needing support.

### 1. Create safety:
- Use a calm voice
- Demonstrate warm, open body language
- Listen with empathy, and reflect understanding of the family members’ perspectives
- Choose respectful, nonjudgmental words to address behaviors
- Other: ____________________________________  
  ____________________________________________
  ____________________________________________
  ____________________________________________

### 2. Build relationships:
- Recognize family strengths
- Connect with the family briefly every day
- Spend time individually with a family member each week
- Include the father and other significant caregivers whenever possible
- Learn and ask about home culture, interests, and events
- Invite family members individually to social events
- Build connection to other families in the program
- Other: ____________________________________  
  ____________________________________________
  ____________________________________________
  ____________________________________________

### 3. Build skills and understanding of social-emotional development
- Self-regulation skills
- Identifying feelings
- Emotion-management skills
- Problem-solving skills
- Friendship skills
- Other: ____________________________________  
  ____________________________________________
  ____________________________________________
  ____________________________________________

### 4. Discuss specific concrete supports:
Work with a family support worker or other support specialist to identify needed supports and resources.

Concrete supports include access to necessary services, including health care, housing, or food programs.

Referral for Additional Services

| Referred to: ____________________________________________ | Date: ____________________ |

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