

## Impact Check:

**Do I know “basic information” (each child)?:**

- At least 1 interest/hobby/something the child enjoys
- At least 1 strength
- At least 1 difficulty (or program challenge)
- At least one thing that the child finds stressful
- At least one thing about the child’s home life:
  - Basics: siblings, pets, etc.
  - More advanced: What “stress” is carried in from home?

**Is the child responsive to greeting?**

**Have I had at least one positive 2-way conversation with the child having only to do with her/his interests?**

**Would the child seek my help to address a problem, conflict, or a social-emotional concern?**

**Do I feel I have established a connection with this child?**

Connection  
Check

Name \_\_\_\_\_

Date: \_\_\_\_\_