

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:_____