

**Credential AREA: Family Specialist Credential (Level 2)**  
**TOPIC: HSW Domain-Specific Assessment Example**  
**Neighborhood/ Community Resource Profile**

**I. Assessment Competency & Standards Alignment**

Gateways Competencies Assessed
FSC HSW1: Identifies factors within family, neighborhood and community environments that support or impede the health, safety and well-being of the family and its individual members

**II. Assessment Task Description/ Directions**

This assessment requires that you select a specific neighborhood, community, town, or city (referred to as a “community” throughout this assessment description) and develop a profile of the resources available within it.

After selecting a community, please use the most recent census data (available online from the US Census Bureau, <https://www.census.gov/>) as a starting point for developing a community profile. You are likely to need additional data to supplement what is on the US Census Bureau site. Please search for additional data from organizations such as Chapin Hall, Illinois Action for Children, or The Ounce of Prevention by searching online through a search engine.

You will then use additional information available to you in a variety of ways (e.g., the internet, phone book, brochures, flyers, posters, etc.) to develop a profile of the resources available as supports and services to the members of the community. This profile will be documented within the Community Resource Assessment Form (see below).

Lastly, you will reflect on this experience and your assessment of the services available through responding to two prompts at the end of the assignment.

**Part 1: Community Data Collection**

Please develop a profile of the community you have selected using the Community Data Form provided below.

**Part 2: Community Resource Profile**

Please develop a community resource profile using the Community Resource Assessment Form provided below as a guide.

Technology Option:  
- Electronic form

Technology Option:  
- Website options  
- Interactive options

### Part 3: Reflection

After completing each of the forms, respond to each of the following questions (suggestion: as a 1-2, double-spaced page narrative):

- What do you see as strengths and opportunities in the community you evaluated in terms of its ability to create a safety net for children and families?
- What is your assessment of the community resources available in terms of their ability to support or impede the health, safety, and well-being of the family and its individual members?

### III. Assessment Rubric

FS Health, Safety & Wellness Master Rubric			
Competency	Competent		Unable to Assess
	Checklist Criteria		
<b>HSW1:</b> Identifies factors within family, neighborhood and community environments that support or impede the health, safety and well-being of the family and its individual members  <b>Possible Codes:</b> N = names, P = provides example of, D = describes		density (dwelling units per acre)	
		economic, social, and ethnic diversity	
		crime rates and security from crime	
		air and water quality	
		functional attributes supporting day-to-day living (i.e. residential, commercial, or mixed-uses)	
		transportation (pedestrian, busing, bicyclists)	
		opportunities for social connection	
		access to transit, parks, public spaces, shopping, schools	
		prenatal and infancy programs	
		early childhood education programs	
		parent training programs	
		family therapy or marital therapy services	
		mentoring and tutoring programs	
		before and after school programs	
		food security	

Yellow = Level 2

#### IV. Data Collection & Analysis Tool

Competencies	Cumulative Assessment Data				
Competency	Distinguished	Proficient	Needs Improvement	Unsatisfactory	Unable to Assess
FSC HSW1: Identifies factors within family, neighborhood and community environments that support or impede the health, safety and well-being of the family and its individual members					

## Community Data Form

Type of Geographic Area You Have Selected (i.e.: neighborhood, community, town, city, etc.): \_\_\_\_\_

Name of Community: \_\_\_\_\_

Community Factor	Data Gathered	Source(s)	Notes
Profile of community members (i.e.: age, gender, socioeconomic status, etc.)			
Description of geographic location (please include distinguishing boundaries on all sides)			
Density (dwelling units per acre)			
Economic, social, and ethnic diversity			
Crime rates and security from crime			

Air and water quality			
Housing types available (i.e.: subsidized housing, apartments, condos, single-family homes, rental units, etc.)			
Municipal services available (i.e.: Fire, Police, schools, park districts, library, etc.)			
Transportation (i.e.: pedestrian, busing, bicyclists, public transport, train lines, etc.)			
Opportunities for social connection			
Access to fresh food, transit, community parks, public spaces, shopping, houses of worship, etc.			

**Community Resource Assessment Form**

**Type of Geographic Area You Have Selected (i.e.: neighborhood, community, town, city, etc.):** \_\_\_\_\_

**Name of Community:** \_\_\_\_\_

**Description of Geographic Location:** \_\_\_\_\_

Provide a brief overview of the services available in each of the following areas. Be sure to include the following information for at least one organization that provides each type of service under the Overview of Services column:

- Name of organization that provides services of this type (\*note: if this type of service does not exist in your community, please also note this and then discuss it and its impact—as well as how it may be an opportunity for the community—as a part of your reflection)
- Brief description of services provided
- Contact information for organization
- How services are accessed by clients (i.e. referral, appointment, drop-in, virtual, etc.)
- Resources you used to find this information and date as of which the information was current

Type of Service	Overview of Services
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<b>Family Health/Well-Being:</b> Prenatal and Infancy Programs	
<b>Family Health/Well-Being:</b> Early Childhood Education Programs	
<b>Family Health/Well-Being:</b> Parent Training Programs	
<b>Family Health/Well-Being:</b> Family Therapy or Marital Therapy Services	
<b>Family Health/Well-Being:</b> Mentoring and Tutoring Programs	
<b>Family Health/Well-Being:</b> Before and After School Programs	

<b>Family Health/Well-Being:</b> Food Security	
<b>Family Health/Well-Being:</b> Housing	
<b>Family Health/Well-Being:</b> Income and Employment	
<b>Crisis or Emergency Services</b>	
<b>Disability-Related Services</b>	
<b>Substance Abuse Services</b>	



<b>Refugee or Immigrant Family Services</b>	
<b>Senior Services</b>	