

## Family Summary and Partnership Agreement

☐ MHS ☐ MEHS ☐ SHS ☐ RHS ☐ EHS ☐ EHS /CCP

☐ Center based ☐ Home Based ☐ FCCH

The purpose of this plan is to determine how program staff can support families in pursuing their goals and obtain family engagement data that will measure progress and drive continuous improvement.

Family Name:	Child/ren Name(s):	Center/Home Base/FCCH Name:		
	Enrollment date:	Date of Summary:		
<b>Family Summary</b>		<input type="checkbox"/> Pre-Assessment <input type="checkbox"/> Post-Assessment		
PFCE Family Engagement Outcomes	1 Immediate Need	2 Support Needed	3 Stable	4 Safe /Self Sufficient
<b>I. FAMILY WELL BEING</b>	Possible Goal	Possible Goal		Strength
1. Housing (Housing Stability)				
2. Income/Budget (Financial Situation)				
3. Employment (Current/Past Work Experiences)				
4. Food/Nutrition (Providing Proper Nutrition)				
5. Transportation/Mobility (Ability to get to appointments, work, center, etc.)				
6. Health (Medical and Dental Status)				
7. Social/Emotional Health (Resources, Support System, Managing Stress)				
Comments:				
<b>II. POSITIVE PARENT-CHILD RELATIONSHIP</b>	Possible Goal	Possible Goal		Strength
8. Positive Family Relations (What does a healthy parent-child relationship look like?)				
9. Expectant Parenting/Prenatal Health (Knowledge of the importance of prenatal health)				
10. Child Health and Safety (Concerns about any immediate threats to family safety)				
Comments:				
<b>III. FAMILIES AS LIFELONG EDUCATORS</b>	Possible Goal	Possible Goal		Strength
11. Knowledge of Child Growth/Development				
12. Child's Primary Educator (Activities to prepare your child to be successful in school)				
13. Values Primary Language				
Comments:				

PFCE Family Engagement Outcomes	1 Immediate Need	2 Support Needed	3 Stable	4 Safe /Self Sufficient
<b>IV. FAMILIES AS LEARNERS</b>	Possible Goal	Possible Goal		Strength
14. Adult Learning/Participates in Setting goals (Importance about setting short term or long term goals)				
15. Training/Educational Opportunities (GED, ESL, certifications and/or other degrees)				
16. Partner with Teacher				
Comments:				
<b>V. FAMILY ENGAGEMENT IN TRANSITION</b>	Possible Goal	Possible Goal		Strength
17. Understand Parent's role in their child's Transition to Kindergarten				
18. Transition Needs of Children (Preparing your child for school change)				
19. Knowledge of Parent's Rights under IDEA				
Comments:				
<b>VI. FAMILY CONNECTIONS TO PEERS AND COMMUNITY</b>	Possible Goal	Possible Goal		Strength
20. Connect with Other Parents and Families				
21. Values Relationships/Sense of Empowerment				
22. Engages in Problem Solving/Decision Making with Staff and other Families				
23. Role as Volunteer				
Comments:				
<b>VII. FAMILY AS ADVOCATES AND LEADERS</b>	Possible Goal	Possible Goal		Strength
24. Engages in Leadership or Advocacy Activities (e.g. parent committee, policy council)				
25. Advocate in Community Organizations/Schools				
Comments:				
Follow-up/other notes:				
Parent/Guardian Signature: _____	Date: _____			
Staff Signature: _____	Date: _____			
Date entered in COPA	Entered by:			

## Family Partnership Agreement

Family Name:	Child/ren Name(s):	Center/Home Base/FCCH Name:	Enrollment date:
Number of Family Partnership Agreements:    1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
Immediate Needs: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Employment <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Emergency Food/Clothing/Housing <input type="checkbox"/> Stress/Family Crisis <input type="checkbox"/> Other (list) _____ <input type="checkbox"/> None			
Materials or Information provided for parent(s):			
Immediate Need:		Immediate Need:	
Referrals issued to:		Referral issued to:	
Goal that aligns with parents immediate need or support needed:			
Date goal was established:		Target Date:	
Date Goal Achieved:			
Steps-Strategies that the parent/guardian will take to achieve their goal:			Completion Date(s)
			Target Date:
			Date Accomplished:
1.			
2.			
3.			
Steps-Strategies that the staff will take to support parent/guardian achieve their goal:			Completion Date(s)
			Target Date:
			Date Accomplished:
1.			
2.			
3.			
<input type="checkbox"/> Father completed the process <input type="checkbox"/> Father participated during the process <input type="checkbox"/> None of the above			
My Signature affirms my willingness to participate in the Family Partnership Process. Parent/Guardian Signature: _____ Date: _____			
The process of developing family goals as part of the Family Partnership has been explained to me by Head Start staff. At this time, I am not interested in developing family goals. I understand that I may choose to develop family goals at a later time during my child's enrollment in Head Start. Parent/Guardian Signature: _____ Date: _____			
Staff Signature: _____ Date: _____			
Date entered into COPA:		Entered by:	
Follow-Up Date Entered into COPA /Case Note: Staff Initials:		Follow-Up Date Entered into COPA /Case Note: Staff Initials:	
Follow-Up Date Entered into COPA /Case Note: Staff Initials:		Follow-Up Date Entered into COPA /Case Note: Staff Initials:	
If Parent Did not meet his/her goal, please explain:			