

# Family Summary and Partnership Agreement

(Hot Sheet)

CF/S-1 Revised 1/17

(Mandatory)

MSHS / RHS / EHS

**Please note:** there is only one version of the FS&PA; it is mandatory that staff use this version.

The Family Summary and Partnership Agreement (FS&PA) is the document utilized by staff 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. Program staff will work with the parent/guardian to complete the OHS Parent, Family and Community Engagement Framework PRE and POST Assessments, and will assist parent/guardian to develop a goal and the steps necessary to achieve a goal. Staff will encourage parents/guardians to schedule a home visit or meet at the Head Start Center. The goal setting process occurs during a visit with the parent /guardian where a discussion of strengths, needs, and interests take place. A goal to work on is identified by the parent/guardian and the staff will support the parent/guardian in developing a plan. The Family Summary and Partnership Agreement (FS&PA) will be completed in the family's home language.

- 1. Program:** Indicate the program in which the child is enrolled
- 2. Program Options:** Indicate Center Based, Home Based, or Family Child Care Home.
- 3. Family Name:** Enter the date of enrollment for the child/children.
- 4. Child/ren Name(s):** Enter the name of the child/children enrolled in the program. Include the last name(s) if different from parent/guardian.
- 5. Site:** Enter the center name, FCCH enter the provider's name or if Home Base enter the center name with which they are associated (e.g. for socializations).
- 6. Enrollment Date:** Enter the date of enrollment for the child/children.
- 7. Date of Summary:** Enter the date the Family Summary was completed (Pre/or Post)

## **FAMILY SUMMARY**

There are 7 Family Engagement Outcomes in the Parent, Family and Community Engagement Framework. (PFCE) Each outcome has several indicators that correspond to that specific outcome. These indicators are embedded throughout the entire program-system wide that support children's School Readiness.

There are four Status Levels (Rating Scale 1-4) to use when completing the Pre and Post Assessments. They are;

- 1) Immediate Need
- 2) Support Needed
- 3) Stable
- 4) Safe /Self Sufficient

### **Steps for completing the PFCE Pre-& Post Assessments:**

**Ask the parent/guardian to identify their family's status level for each indicator within the 7-PFCE outcomes.** (Total of 25 indicators that aligned with COPA).

(Refer to Rubric)

- a) If the family's status level is a 1: Immediate Need, check box 1 and the Immediate Needs boxes that are relevant to the family on Page 3. (You must complete a CFS Social Service Referral CF/S-3 and enter into COPA).
- b) If the family's status level is 2: Support Needed, check box 2. This could be a Possible Goal for the family.

#### **Comments are required for box 1-2.**

- c) If the family's status level is a 3: Stable, check box 3.
- d) If the family's status level is a 4: Safe / Self Sufficient check box 4. This will be identified as Strength for the family.

When completing the PFCE Pre- Assessment you will identify the family's strengths. The parent/guardian acknowledges; emphasizing the importance of building on these strengths.

When completing the PFCE Pre- Assessment you will also identify several specific indicators that will assist with the parent / guardian's selection of a family goal. This will be completed on the FAMILY PARTNERSHIP AGREEMENT section on page 3.

**8. FAMILY SUMMARY- PRE-Assessment:** During application process you can begin (initiate) the Family and Community Engagement Framework Pre- Assessment.

Identify appropriate timeline for initiation of FS &PA process.

<b>Program Type</b>	<b>Family Summary Pre-Assessment</b>
Programs < 90 Days	30 Days
MSHS	50 Days
RHS /EHS	70 Days

Complete Pages 1-2. Check Pre-Assessment Box. Enter into COPA.

**9. Parent/Guardian Signature/Date:** The PFCE Pre- Assessment will be reviewed and signed/dated by the parent/guardian to affirm his/her participation.

**10. Staff Signature /Date:** The PFCE Pre- Assessment will be reviewed and signed by the staff to affirm his/her participation. Enter date.

11. Date Pre-Assessment was entered in COPA

12. Entered By.

13. **FAMILY SUMMARY- POST-Assessment:** RHS/EHS – Finalize Family and Community Engagement Framework POST- Assessment within 9-10 months (May-June). MSHS- Finalize Family and Community Engagement Framework POST- Assessment within 3-4 months. **For ALL programs:** Finalize Family and Community Engagement Framework POST- Assessment when informed parent /guardian is exiting the program. Complete Pages 1-2. Check Post-Assessment Box. Complete #10,11,12,-Enter into COPA.

## **PARTNERSHIP AGREEMENT**

**14. Family Name:** Enter the date of enrollment for the child/children.

**15. Child/ren Name(s):** Enter the name of the child/children enrolled in the program. Include the last name(s) if different from parent/guardian.

**16. Site:** Enter the center name, FCCH enter the provider's name or if Home Base enter the center name with which they are associated (e.g. for socializations).

**17. Enrollment Date:** Enter the date of enrollment for the child/children.

**18. Number of Partnership Agreements:** Indicate number of Partnership Agreements completed within the program year.

**19. Immediate Needs / Materials / Information Provided:**

This part will be completed during the application process or during the PRE Assessment process. (You must complete the Social Service Referral process whenever immediate needs are identified by the Parent/Guardian). Indicate which boxes are relevant to the family under each section and when marking “other” be specific on the line provided.

**20. Goal that aligns with parent’s immediate need or support needed:** The Family Partnership Agreement shall be completed utilizing the information gathered from the Pre-Assessment. Staff should assist the parent/guardian in identifying and defining a goal with a determined outcome that can be measured, discussing what needs to be done to achieve the goal, and how the accomplishment of the goal will be determined. **(HSPS 1302.82) Pregnant Women Program-Goal must have specific focus on prenatal/post-partum.**

<b>Program Type</b>	<b>Family Partnership Agreement</b>
Programs < 90 Days	45 Days
MSHS	75 Days
RHS /EHS	90 Days

**21. Date Goal was established:** Indicate date goal was established.

**22. Target Date:** Enter the date the parent/guardian is expected to complete the goal.

**23. Date Goal Achieved:** This date is entered once all steps are completed and the goal is achieved. Upon completion of the goal, staff will continue to work with parent/guardian to develop complementary or new steps necessary to support continued success. A new PA will need to be completed once the goal is achieved based on the parent’s/guardian’s willingness and time available to set another goal.

**24. Step(s)-Strategies that the parent/guardian will take to achieve this goal:** List and review the specific steps that the parent/guardian will take in the order to reach their goal. The more specific the actions/steps are the more success the parent/guardian is likely to have in completing each task. Write a corresponding target and accomplished date for each entry.

**25. Step(s)-Strategies that staff will take to assist parent / guardian achieve their goal:** List and review the specific steps that staff will take in order to support the family in reaching their goal. Write a corresponding target and accomplished date for each entry.

**Please note:** Both sections for “steps-strategies” (parent/guardian and staff) are filled out as needed. You may add to them when discussing progress w/ parent(s). You are not required to fill in each box.

**26. Father Involvement in Goal Process:** Check box relevant to Father Involvement.

**27. Parent/Guardian Signature/Date:** The Family Summary and Partnership Agreement will be reviewed and signed/dated by the parent/guardian to affirm his/her participation.

**28. Parent/Guardian refusal to develop goals:** If a parent/guardian refuses to develop a Partnership Agreement they must sign/date below the statement that explains they can choose to develop a goal at a later time.

**29. Staff Signature /Date:** The Family Summary and Partnership Agreement will be reviewed and signed by the staff to affirm his/her participation. Enter date.

**30. Follow Up Date/Initials/(Entered into COPA-Case Notes):** Staff is expected to date and initial when follow-up is completed and entered into COPA Case Notes.

Staff will document all follow up relevant to the goal or any additional support provided to the family in COPA Case Notes. More than one staff person may be involved with follow up depending on the goal established. Staff will follow-up with the parent/guardian in a timely manner, (monthly for MSHS programs) so that the parent is able to stay on track to accomplish his/her goal. If the parent/guardian encounters problems, a new plan can be developed.  
(Follow up: Must be entered in COPA Case Notes)

**31. If parent did not meet his / her goal:** Please briefly explain the reason the parent/guardian was not able to accomplish his/her goal. (e.g. “Parent/guardian became ill and was not able to complete GED classes. This goal will continue for next year.”)

**32. Distribution:** The parent/guardian receives the yellow copy and the white will be placed in the Family File.