



# Family Partnership Agreement and Plan of Action

MHS  SHS  RHS  EHS

Center based  Home Based  FCCH

Site: \_\_\_\_\_

The purpose of this plan is to determine how program staff can support families in pursuing their goals.

Enrollment Date: \_\_\_\_\_ Family Name: \_\_\_\_\_ Child/ren Name(s): \_\_\_\_\_

Immediate Needs

- Health  Legal Assistance
- Dental  Immigration
- Employment  Other \_\_\_\_\_
- Emergency Food/Clothing/Housing

Family Goal

- Housing  Special Needs Child
- Employment Training  Health
- Family Literacy  English
- Education  Other \_\_\_\_\_

Information Provided

- Transportation
- Health
- Social Services
- Other \_\_\_\_\_

Family Strengths: \_\_\_\_\_

Goal: \_\_\_\_\_

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

Date Goal Achieved: \_\_\_\_\_

Action(s) to be taken by parent:	Date(s):	Action(s) to be taken by staff:	Date(s):
•		•	
•		•	
•		•	
•		•	
•		•	

My signature affirms my willingness to participate in the Family Partnership Agreement and Plan of Action process.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The process of developing family goals as part of the Family Partnership Agreement 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_



