



# Family Partnership Agreement and Plan of Action

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

Service Options:    Center Based    Home Based    FCCH                      Location: \_\_\_\_\_

The purpose of this plan is to direct you to community resources that may be of assistance in achieving your family goal.

### FAMILY GOAL:

#### Action(s) to be taken by parent/guardian:

<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<b>Target Date:</b>
	<b>Target Date:</b>
	<b>Target Date:</b>

#### Action(s) to be taken by staff:

<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<b>Target Date:</b>
	<b>Target Date:</b>
	<b>Target Date:</b>

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

<b>Date goal was achieved:</b>
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Parent/ Guardian \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

If parent did not reach his/her goal please briefly explain:

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 chose to develop family goals at a later time during my child’s enrollment in Head Start.

Parent/Guardian \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

